07/31/2009 13:26

Image# 29934388800

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

|          |  | For C     | Otner I nan An                             | Authorize                              | ea Commi                       | ittee                               |              | Office Use                           | Only                |  |
|----------|--|-----------|--|--|--------------------------------|-------------------------------------|--------------|--------------------------------------|---------------------|--|
| 1.       | NAME OF<br>COMMITTEE (in full)   |           | FEC MAILING LAE<br>YPE OR PRINT            |  | cample:If typi<br>er the lines | ng, type                            |              |                                      |                     |  |
| L        | American Hospital Associatio   | n PAC     | ;  |  |                                |                                     |              |                                      |                     |  |
| Ш        |  | 1 1       |  |  |                                |                                     |              |                                      |                     |  |
| ΑD       | DRESS (number and street)  | 325       | 5 Seventh Street, N                        | W                                      | 1 1 1                          |                                     | 1 1 1 1      |                                      | 1 1 1               | 1  |
| <b>\</b> | ,  | Sui       | ite 700                                    |  |                                |                                     |              |                                      |                     |  |
|          | Check if different than previously reported. (ACC)                             | Wa        | ashington                                  |  |                                |                                     | DC           | 200                                  | 004   -             |  |
| 2.       | FEC IDENTIFICATION NUM   | BER       | _  | CITY 🛕                                 |                                |                                     | STATE        | Z                                    | IPCODE              | <b>A</b>   |
|          | C00106146  |           |  | 3. IS THIS<br>REPORT                   | г                              | NEW (N) OR                          | X            | AMENDED<br>(A)                       |                     |  |
| 4.       | TYPE OF REPORT (Choose One)  (a) Quarterly Reports:                            | (b        | Nonthly Report Due On:                     | Feb 20 (M2<br>Mar 20 (M3<br>Apr 20 (M4 | 3)                             | May 20 (M5) Jun 20 (M6) Jul 20 (M7) | :            | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) | Dei<br>(No<br>Yea   | v 20 (M11)<br>on-Election<br>ar Only)<br>c 20 (M12)<br>on-Election<br>ar Only) |
|          | April 15 Quarterly Report(Q July 15 Quarterly Report(Q) October 15             | 2)        | (c) 12-Day PRE-Electic Report for the      | on 📙                                   | Primary (1                     | 2P)                                 | Gene         | eral (12G)                           |                     | noff (12R)   |
|          | Quarterly Report(Q:<br>January 31<br>Quarterly Report(Yt                       |           | E  | Election on                            |                                |                                     |              |                                      | n the<br>State of   |  |
|          | July 31 Mid-Year Report(Non-electior Year Only) (MY)  Termination Report (TER) |           | (d) 30-Day  Post -Elect Report for the     |  | General (3                     | 00G)                                | Runo         |                                      | Sponthe<br>State of | ecial (30S)  |
| 5.       | Covering Period 0 6  |           | 01 200                                     | 9                                      | through                        | 0 6                                 | 30           | 2009                                 |                     |  |
|          | ertify that I have examined this For or Print Name of Treasurer                | •         | and to the best of n<br>ls. Melinda Hatton | ıy knowledge                           | and belief it                  | is true, correct                    | and comple   | ete.                                 |                     |  |
| Sig      | nature of Treasurer Electron   | nically F | Filed by Ms. Meli                          | inda Hatton                            |                                |                                     | Date (       | 07 31                                | 20                  | 0 9  |
| NO       | TE : Submission of false, error  | eous,     | or incomplete inform                       | nation may s                           | ubject the pe                  | erson signing th                    | is Report to | the penalties o                      | of 2 U.S.C 4        | 137g.  |
|          | Office<br>Use  |           |  | l                                      |                                |                                     |              | 1                                    | FORM 3              | X  |

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 162

Write or Type Committee Name American Hospital Association PAC

FEC Form 3X (Rev. 02/2003)

D <sup>®</sup>D 06 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 1339674.06 January 1 (b) Cash on Hand at 1411469.17 Begining of Reporting Period ..... 188256.78 666927.06 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1599725.95 2006601.12 6(a) and 6(c) for Column B) ..... 572604.62 165729.45 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 1433996.50 1433996.50 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 162

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From: 0 6

D D 0 1

2009

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м м 0 6 <sup>D</sup> 3 0

<sup>Y</sup> 2009

|      | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------|--|-------------------------------|-----------------------------------|
|      | Contributions (other than loans) From:  (a) Individuals/Persons Other                    |                               |                                   |
|      | Than Political Committees (i) Itemized (use Schedule A)                                  | 127671.15                     | 283015.57                         |
|      | (ii) Unitemized  | 46845.25                      | 94391.14                          |
|      | (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)  | 174516.40                     | 377406.71                         |
| (    | (b) Political Party Committees   | 0.00                          | 0.00                              |
|      | (c) Other Political Committees (such as PACs)  | 0.00                          | 0.00                              |
|      | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)                                | 174516.40                     | 377406.71                         |
|      | Transfers From Affiliated/Other Party Committees   | 12550.00                      | 265650.00                         |
| 3. / | All Loans Received   | 0.00                          | 0.00                              |
|      | Loan Repayments Received Offsets To Operating Expenditures                               | 0.00                          | 0.00                              |
| (    | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00                          | 0.00                              |
| t    | to Federal candidates and Other Political Committees                                     | 1000.00                       | 22000.00                          |
|      | Other Federal Receipts<br>(Dividends, Interest, etc.)                                    | 190.38                        | 1870.35                           |
|      | Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (    | (a) Non-Federal Account (from Schedule H3)   | 0.00                          | 0.00                              |
| (    | (b) Levin Funds (from Schedule H5)   | 0.00                          | 0.00                              |
| (    | (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
|      | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))                      | 188256.78                     | 666927.06                         |
|      | Fotal Federal Receipts subtract Line 18(c) from Line 19)                                 | 188256.78                     | 666927.06                         |

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

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|     | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------------|--------------------------------|
| 21. | Operating Expenditures:  (a) Shared Federal/Non-Federal                                 |                               | 1                              |
|     | Activity (from Schedule H4)   | 0.00                          | 0.00                           |
|     | (i) Federal Share   |                               |                                |
|     | (ii) Non-Federal Share  | 0.00                          | 0.00                           |
|     | (b) Other Federal Operating   | 229.45                        | 4154.62                        |
|     | Expenditures(c) Total Operating Expenditures  | 229.40                        | 7107.02                        |
|     | (add 21(a)(i), (a)(ii) and (b))   | 229.45                        | 4154.62                        |
| 22. | Transfers to Affiliated/Other Party   | 0.00                          | 0.00                           |
| 23. | Contributions to  | 0.00                          | 0.00                           |
|     | Federal Candidates/Committeesand Other Political Committees                             | 165500.00                     | 568450.00                      |
| 4.  | Independent Expenditure   | 0.00                          | 0.00                           |
| 5.  | (use Schedule E)  | 0.00                          | 0.00                           |
|     | Committees (2 U.S.C. 441a(d)) (use Schedule F)  | 0.00                          | 0.00                           |
| 26. | Loan Repayments Made  | 0.00                          | 0.00                           |
| · ¬ | Lasta Mada  | 0.00                          | 0.00                           |
|     | Loans Made Refunds of Contributions To:   | 0.00                          | 0.00                           |
|     | (a) Individuals/Persons Other Than Political Committees                                 | 0.00                          | 0.00                           |
|     |   | 0.00                          | 0.00                           |
|     | <ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul> | 0.00                          | 0.00                           |
|     | (such as PACs)  | 0.00                          | 0.00                           |
|     | (d) Total Contribution Refunds  | 0.00                          | 0.00                           |
|     | (add Lines 28(a), (b), and (c))   | 0.00                          | 0.00                           |
| 9.  | Other Disbursements   | 0.00                          | 0.00                           |
| 30. | Federal Election Activity (2 U.S.C 431(20))   |                               |                                |
|     | (a) Shared Federal Election Activity  |                               |                                |
|     | (from Schedule H6) (i) Federal Share  | 0.00                          | 0.00                           |
|     | (i) rederal Strate  |                               |                                |
|     | (ii) "Levin" Share  | 0.00                          | 0.00                           |
|     | (b) Federal Election Activity Paid Entirely With Federal Funds                          | 0.00                          | 0.00                           |
|     | (c) Total Federal Election Activity (add  | 0.00                          | 0.00                           |
|     | Lines 30(a)(i), 30(a)(ii) and 30(b))  | 0.00                          | 0.00                           |
| 31. | Total Disbursements (add Lines 21(c), 22,   | 12                            |                                |
|     | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 165729.45                     | 572604.62                      |
| 32. | Total Federal Disbursements   |                               |                                |
|     | (subtract Line 21(a)(ii) and Line 30(a)(ii)   |                               |                                |
|     | from Line 31)   | 165729.45                     | 572604.62                      |

### **DETAILED SUMMARY PAGE**

of Disbursements

| III. Net Contributions/Operating<br>Expenditures                            | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|----------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3)         | 174516.40                  | 377406.71                         |
| 34. Total Contribution Refunds (from Line 28(d))                            | 0.00                       | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 174516.40                  | 377406.71                         |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 229.45                     | 4154.62                           |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                       | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)              | 229.45                     | 4154.62                           |

FE6AN026

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>5</b> A)             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 6 / 162   (check only one)  |
|---|-------------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than usi | and Statements may      | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association P                        |                         |   |   |
| Full Name (Last, First, Middle Initial) Mr. Reginald M. Ballantyne, III             |                         |   | Date of Receipt   |
| Mailing Address 3266 East Valley  | Vista Lane              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City Paradise Valley  | State<br>AZ             | Zip Code<br>85253-3738  | Transaction ID: 17229577  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                          | C                       |   | 1000.00   |
| Name of Employer<br>Vanguard Health System  | Occupation<br>Corporate | n<br>e Officer & Senior Vice Pres   | id  |
| Receipt For:  Primary General  Other (specify) ▼                                    | <del></del>             | Year-to-Date ▼<br>1000.00   |   |
| Full Name (Last, First, Middle Initial) Mr. Laurence A Tanner                       | I                       |   | Date of Receipt   |
| Mailing Address P O Box 100   |                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>New Britain   | State<br>CT             | Zip Code<br>06050-0100  | Transaction ID: 17229981  |
| FEC ID number of contributing federal political committee.                          | C                       | 00030-0100  | Amount of Each Receipt this Period 500.00   |
| Name of Employer<br>Hospital of Central Conne-<br>cticut, The                       | Occupation<br>President | n<br>t and Chief Executive Office   | <del>-</del>  |
| Receipt For:  Primary General  Other (specify) ▼                                    | <del>- '</del>          | Year-to-Date ▼ 500.00   |   |
| Full Name (Last, First, Middle Initial) Dr. Thomas C. Dolan, Ph.D., FAC             |                         |   | Date of Receipt   |
| Mailing Address 339 Cottage Hill  |                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                   | Zip Code  | Transaction ID: 17230338  |
| Elmhurst  FEC ID number of contributing federal political committee.                | C                       | 60126-3332  | Amount of Each Receipt this Period 500.00   |
| Name of Employer<br>American College of Healt-<br>hcare Executi                     |                         | t and Chief Executive Office  |   |
| Receipt For:  Primary General  Other (specify) ▼                                    | Aggregate               | Year-to-Date ▼ 500.00   |   |
|   |                         |   | 2000.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                     | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 7 / 162 (check only one)    X                  |
|--|-------------------------------------|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | Statements mand add                 | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions                       |
| Full Name (Last, First, Middle Initial) Ms. Margaret B Ferree Mailing Address P.O. Box 279  City   | State                               | Zip Code   | Date of Receipt    M   |
| Easton  FEC ID number of contributing federal political committee.   | MD C                                | 21601-8903   | Transaction ID: 17231923  Amount of Each Receipt this Period  255.00 |
| Name of Employer Shore Health System  Receipt For:  Primary General Other (specify) ▼  | Occupatio<br>Trustee<br>Aggregate   | e Year-to-Date ▼ 255.00  | ]  |
| Full Name (Last, First, Middle Initial) Mr Monte Akridge  Mailing Address 3300 NW Expresswa  | ıy                                  |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |
| Oklahoma City  FEC ID number of contributing federal political committee.  | State<br>OK                         | Zip Code<br>73112-4418   | Transaction ID: 17240159  Amount of Each Receipt this Period  250.00 |
| Name of Employer Integris Baptist Medical Center Receipt For: Primary General Other (specify)  | Occupatio<br>Vice Pres<br>Aggregate |  | ]  |
| Full Name (Last, First, Middle Initial) Mr. Rex Jones Mailing Address P O Box 1038   |                                     |  | Date of Receipt  |
| City Okmulgee FEC ID number of contributing federal political committee.   | State<br>OK                         | Zip Code<br>74447-1038   | Transaction ID: 17240162  Amount of Each Receipt this Period  250.00 |
| Name of Employer Okmulgee Memorial Hospital  Receipt For: Primary General Other (specify)  |                                     | n ecutive Officer e Year-to-Date  250.00                                   | 1  |
| SUBTOTAL of Receipts This Page (optional)  |                                     |  | 755.00   |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s<br>for each category of the<br>Detailed Summary Page           | FOR LINE NUMBER: PAGE 8 / 162 (check only one)    X   11a   |
|---|--|---|
| ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC | Statements may not be sold or used by any ne name and address of any political committ | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| / American hospital Association PAC   |  |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Brian E. Keeley  |  | Date of Receipt   |
| Mailing Address 6855 Red Road, Suit   | re 600   | 0 6 0 2 2 0 0 9   |
| City  | State Zip Code   | Transaction ID: 17240271  |
| Coral Gables  | FL 33143-3632  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 1000.00   |
| Name of Employer<br>Baptist Health South Flor-<br>ida   | Occupation President and Chief Executive Of  | ficer   |
| Receipt For: Primary General  | Aggregate Year-to-Date ▼   |   |
| Other (specify)   | 1000.00  |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Kevin N Fowler   |  | Date of Receipt   |
| Mailing Address 10 Mountain Meadow  | v Estates  | 06 02 2009  |
| City  | State Zip Code   | Transaction ID: 17240276  |
| Chapmanville  | WV 25508   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 350.00  |
| Name of Employer<br>Logan Regional Medical Ce-<br>nter  | Occupation Chief Executive Officer   |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 350.00   | 0   |
| Full Name (Last, First, Middle Initial)<br>Mr. Donald E. McDaniel, III  |  | Date of Receipt   |
| Mailing Address Rt. 4, Box 32AA   |  | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State Zip Code   | Transaction ID: 17240277  |
| Chapmanville  | WV 25508-9719  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 250.00  |
| Name of Employer<br>Logan Regional Medical Ce-<br>nter  | Occupation CFO   |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 250.00   |   |
| SUBTOTAL of Receipts This Page (optional)   | 1  | 1600.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                     | FOR LINE NUMBER: PAGE 9 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |  |  |  |
|---|---|--|--|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any persor<br>name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                  |   |  |  |  |  |
| Full Name (Last, First, Middle Initial) Dr. Howard Neiberg, M.D.                                |   | Date of Receipt  |  |  |  |
| Mailing Address 1388 National Road Ap   | ot. #3 State Zip Code   | 0 6 0 2 2 0 0 9  Transaction ID: 17240279  |  |  |  |
| Wheeling  | WV 26003-5715   | Amount of Each Receipt this Period   |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C   | 250.00   |  |  |  |
| Name of Employer<br>Reynolds Memorial Hospital  | Occupation Director, Radiology Department   |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  250.00  |  |  |  |  |
| Full Name (Last, First, Middle Initial) Ms. Elizabeth L Aderholdt                               |   | Date of Receipt  |  |  |  |
| Mailing Address 8077 Hawkcrest Drive  |   |  |  |  |  |
| City  | State Zip Code  | Transaction ID: 17240318   |  |  |  |
| Grand Blanc   | MI 48439-2422   | Amount of Each Receipt this Period   |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C   | 550.00   |  |  |  |
| Name of Employer<br>Genesys Health System   | Occupation President  |  |  |  |  |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 550.00   |  |  |  |  |
| Full Name (Last, First, Middle Initial) Mr. Clark Ballard                                       |   | Date of Receipt  |  |  |  |
| Mailing Address 1601 Willoughby Road  | I   | 06 02 7 9 2009   |  |  |  |
| City  | State Zip Code  | Transaction ID: 17240319   |  |  |  |
| Mason  FEC ID number of contributing federal political committee.                               | MI 48854-9435   | Amount of Each Receipt this Period 750.00  |  |  |  |
| Name of Employer<br>Michigan Health & Hospital<br>Association                                   | Occupation Senior Vice President  |  |  |  |  |
| Receipt For:  Primary General   | Aggregate Year-to-Date ▼ 750.00   |  |  |  |  |
| Other (specify)   | 7 00.00   |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 1550.00  |  |  |  |
| TOTAL This Period (last page this line number   | only)   |  |  |  |  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 162 (check only one)    X  |
|---------|--|-------------------------------|---|---|
| ,       | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may<br>name and add | y not be sold or used by any persidress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | American Hospital Association PAC  |                               |   |   |
| ۸.      | Full Name (Last, First, Middle Initial) Mrs. Amy Barkholz  Mailing Address 905 Sanctuary Dr.                                 |                               |   | Date of Receipt   |
|         | - 305 Galictuary Dr.   |                               |   | 06 02 2009  |
|         | City   | State                         | Zip Code  | Transaction ID: 17240320  |
|         | Mason  | MI                            | 48854-1390  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                             |   | 250.00  |
|         | Name of Employer<br>Michigan Health & Hospital<br>Association  | Occupation<br>General         |   |   |
|         | Receipt For:   | Aggregate                     | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼  |                               | 250.00  |   |
| _<br>3. | Full Name (Last, First, Middle Initial)<br>Dr. Terry L. Baxter   |                               |   | Date of Receipt   |
|         | Mailing Address 6372 Buckham Wood I  | Dr.                           |   | 06 / 02 / 4 4 4 4   |
|         | City   | State                         | Zip Code  | Transaction ID: 17240321  |
|         | Kalamazoo  | MI                            | 49009-7597  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                             |   | 250.00  |
|         | Name of Employer<br>Borgess Health Alliance  | Occupation Chief Me           | n<br>dical Officer  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼<br>250.00  |   |
| _<br>;. | Full Name (Last, First, Middle Initial) Mr. Jim Bogan  |                               |   | Date of Receipt   |
|         | Mailing Address 1207 Birch Street  |                               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City   | State                         | Zip Code  | Transaction ID: 17240325  |
|         | Houghton   | MI                            | 49931-1652  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                             |   | 500.00  |
|         | Name of Employer<br>Portage Health   | Occupation<br>Presiden        | n<br>t and Chief Executive Office                                       | ır  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼ 500.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)  |                               |   | 1000.00   |
| ı       | TOTAL This Period (last page this line number of   |                               | <u> </u>  |   |

|         | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 17           |
|---------|---|--------------------------------|---|---|
| A<br>0  | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may<br>name and add | γ not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions a solicit contributions from such committee. |
|         | American Hospital Association PAC   |                                |   |   |
| Α.      | Full Name (Last, First, Middle Initial) Mr. Alan W Brass, , FACHE   |                                |   | Date of Receipt   |
|         | Mailing Address 1801 Richards Road  City  | State                          | Zip Code  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | Toledo  | OH                             | 43607-1037  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 500.00  |
|         | Name of Employer<br>Bixby Medical Center  | Occupation Chief Exe           | n<br>ecutive Officer and Presiden   | <del></del><br>t  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | Year-to-Date ▼ 500.00   |   |
| В.      | Full Name (Last, First, Middle Initial) Mr. Richard C Breon   | N.E.                           |   | Date of Receipt   |
|         | Mailing Address 4177 Thousand Oaks  | NE<br>                         |   | 06 02 4 2009  |
|         | City  | State                          | Zip Code  | Transaction ID: 17240351  |
|         | Grand Rapids  FEC ID number of contributing federal political committee.  | C                              | 49525-9410  | Amount of Each Receipt this Period 500.00   |
|         | Name of Employer<br>Spectrum Health   | Occupation<br>Presiden         | n<br>t and Chief Executive Office   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | Year-to-Date ▼ 500.00   |   |
| _<br>С. | Full Name (Last, First, Middle Initial)<br>Mr Edward Bruff  |                                |   | Date of Receipt   |
|         | Mailing Address 1447 North Harrison S   | treet                          |   | 06 02 7 2009  |
|         | City  | State                          | Zip Code  | Transaction ID: 17240352  |
|         | Saginaw FEC ID number of contributing federal political committee.  | C                              | 48602-4727  | Amount of Each Receipt this Period 450.00   |
|         | Name of Employer<br>Covenant Medical Center   | Occupation<br>Executive        | n<br>e Vice President and Chief C   | —<br>Dpę  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | Year-to-Date ▼ 450.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                                | <b>.</b>  | 1450.00   |
|         | TOTAL This Period (last page this line number   |                                | <u> </u>  |   |

|         | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 17         |
|---------|--|-------------------------------|---|---|
|         | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | tatements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Δ.      | Full Name (Last, First, Middle Initial)  Mr. Mark E Bush  Mailing Address 515 South Quarter Stre   | <u> </u>                      |   | Date of Receipt   |
|         | City   | State                         | Zip Code  | 0 6 0 2 2 0 0 9  Transaction ID: 17240353   |
|         | Gladwin  FEC ID number of contributing federal political committee.  | C                             | 48624-1959  | Amount of Each Receipt this Period  250.00  |
|         | Name of Employer MidMichigan Health  Receipt For: Primary General  | 1 =                           | n<br>e Vice President<br>e Year-to-Date ▼                                     |   |
| _       | Other (specify) ▼  Full Name (Last, First, Middle Initial)   | 0 0                           | 250.00  |   |
| 3.      | Mr. Barton Buxton  Mailing Address 1018 Grandview Drive  |                               |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
|         | City   | State                         | Zip Code  | Transaction ID: 17240354  |
|         | Rochester Hills  FEC ID number of contributing federal political committee.  | C                             | 48306-4027  | Amount of Each Receipt this Period 500.00   |
|         | Name of Employer<br>Lapeer Regional Medical<br>Center  |                               | t and Chief Executive Officer   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼ 500.00   |   |
| -<br>C. | Full Name (Last, First, Middle Initial) Mr. James M. Connelly  |                               |   | Date of Receipt   |
|         | Mailing Address 7123 Kennowy Court   |                               |   | 06 02 2009  |
|         | City   | State                         | Zip Code  | Transaction ID: 17240357  |
|         | West Bloomfield  FEC ID number of contributing federal political committee.  | C                             | 48322-3276  | Amount of Each Receipt this Period 500.00   |
|         | Name of Employer<br>Henry Ford Health System   | Occupation Senior V           | n<br>ice President and Chief Fina   | nq  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼ 500.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)  |                               |   | 1250.00   |
| Ī       | TOTAL This Period (last page this line number of   | only)                         |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                       | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 13 / 162 (check only one)  X 11a 11b 11c 12                        |
|---|-----------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may         | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                  |                       | ,,,   |  |
| Full Name (Last, First, Middle Initial) Mr. Brian M Connolly                                    |                       |   | Date of Receipt  |
| Mailing Address One Parklane Blvd, Sto  | e 1000E               |   | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State                 | Zip Code  | Transaction ID: 17240358   |
| <u>Dearborn</u>   | MI                    | 48126-4241  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                      | C                     |   | 500.00   |
| Name of Employer<br>Oakwood Healthcare, Inc.  | Occupatio<br>Presiden | n<br>t and Chief Executive Officer  |  |
| Receipt For:  | . '                   | Year-to-Date ▼  | 7  |
| Primary General Other (specify) ▼   | 33 13                 | 500.00  |  |
| Full Name (Last, First, Middle Initial)<br>Mr. William Conway                                   | 1                     |   | Date of Receipt  |
| Mailing Address 998 Brookwood St.   |                       |   | 06 02 7 7 7 7 7  |
| City  | State                 | Zip Code  | Transaction ID: 17240359   |
| <u>Birmingham</u>   | MI                    | 48009-1102  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                      | C                     |   | 250.00   |
| Name of Employer<br>Henry Ford Health System  | Occupatio<br>Administ |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate             | Year-to-Date ▼ 250.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. J. Paul Conway                                   |                       |   | Date of Receipt  |
| Mailing Address 44010 Deep Hollow Ci  | rcle                  |   | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State                 | Zip Code  | Transaction ID: 17240362   |
| Northville  | MI                    | 48168-8412  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                      | C                     |   | 500.00   |
| Name of Employer<br>Oakwood Healthcare, Inc.  | Occupatio<br>Sr. Vice | n<br>President - Human Resource   | es   |
| Receipt For:  | Aggregate             | Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   |                       | 500.00  |  |
| SUBTOTAL of Receipts This Page (optional)   |                       |   | 1250.00  |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 14 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16            |
|---|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perso e name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| American Hospital Association PAC   |  |  |
| Full Name (Last, First, Middle Initial) Mr. Rob Covert Mailing Address 200 North Madison Si                                     | treet  | Date of Receipt  |
| City  | State Zip Code   | 0 6 0 2 2 0 0 9<br>Transaction ID: 17240363  |
| Marshall  | MI 49068-1143  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 250.00   |
| Name of Employer<br>Oaklawn Hospital  | Occupation President and Chief Executive Officer   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00  |  |
| Full Name (Last, First, Middle Initial) Mr. Thomas D DeFauw   |  | Date of Receipt  |
| Mailing Address 1221 Pine Grove Ave   |  | 06 02 7 2009   |
| City  | State Zip Code   | Transaction ID: 17240364   |
| Port Huron  | MI 48060-3511  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 600.00   |
| Name of Employer<br>Port Huron Hospital   | Occupation President and Chief Executive Officer   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 600.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Randy DeGroot  |  | Date of Receipt  |
| Mailing Address 299 Western Avenue  |  | 06 02 7 2009   |
| City<br>Coldwater   | State Zip Code MI 49036-1043   | Transaction ID: 17240365  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.  | C  | 300.00   |
| Name of Employer<br>Community Health Center<br>of Branch Coun   | Occupation President and Chief Executive Officer   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 300.00   |  |
| SURTOTAL of Receipts This Page (optional)   |  | 1150.00  |

|                        | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 162 (check only one)    X   11a                                  |
|------------------------|--|-----------------------------|---|---|
|                        | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | tatements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| <b>∆</b><br><b>A</b> . | Full Name (Last, First, Middle Initial) Mr. Jack L Denton Mailing Address P O Box 130  City Eaton Rapids   | State<br>MI                 | Zip Code<br>48827-0130  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
|                        | FEC ID number of contributing federal political committee.  Name of Employer Eaton Rapids Medical Cent-  | C                           |   | Amount of Each Receipt this Period  375.00  |
|                        | Eaton Rapids Medical Center Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  |                             | at and Chief Executive Office e Year-to-Date  ▼  375.00                       | <u>r</u>  |
| 3.                     | Full Name (Last, First, Middle Initial) Ms. Margaret Dimond Mailing Address 32400 Sylvan Lane  |                             |   | Date of Receipt  0 6 0 2 2 0 0 9  |
|                        | City   | State                       | Zip Code  | Transaction ID: 17240370  |
|                        | Beverly Hills  FEC ID number of contributing federal political committee.  | C                           | 48025-2927  | Amount of Each Receipt this Period  375.00  |
|                        | Name of Employer McLaren Health Care Corporation  Receipt For:  Primary General  Other (specify) ▼   |                             | Administration e Year-to-Date   375.00  |   |
| -<br>).                | Full Name (Last, First, Middle Initial) Mr. J. Patrick Dyson Mailing Address P.O. Box 51167  |                             |   | Date of Receipt   |
|                        | City   | State                       | Zip Code  | 0 6 0 2 2 0 0 9  Transaction ID: 17240371   |
|                        | Kalamazoo  | MI                          | 49005-1167  | Amount of Each Receipt this Period  |
|                        | FEC ID number of contributing federal political committee.   | C                           |   | 375.00  |
|                        | Name of Employer<br>Borgess Health Alliance  | Occupation<br>Executive     | n<br>e Vice President   |   |
|                        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                   | e Year-to-Date ▼ 375.00   |   |
|                        | SUBTOTAL of Receipts This Page (optional)  |                             |   | 1125.00   |
| Ī                      | TOTAL This Period (last page this line number  | only)                       |   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>(</b>                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 16/162   (check only one)   |
|--|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                           |                                      |   |   |
| Full Name (Last, First, Middle Initial) Mr. Timothy J. Eckels                            |                                      |   | Date of Receipt   |
| Mailing Address 25654 Island Lake I  | Orive                                |   | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O   |
| City<br>Novi   | State<br>MI                          | Zip Code<br>48374-2175  | Transaction ID: 17240373  |
| FEC ID number of contributing federal political committee.                               | C                                    | 403/4-21/3  | Amount of Each Receipt this Period  250.00  |
| Name of Employer<br>Trinity Health   | Occupation Vice Pres                 | n<br>sident, Public Policy  |   |
| Receipt For: Primary General Other (specify)   | <del>- ' '</del>                     | e Year-to-Date ▼<br>250.00  |   |
| Full Name (Last, First, Middle Initial) Mr. John Ennest                                  |                                      |   | Date of Receipt   |
| Mailing Address 8167 Sawgrass Tra  | il                                   |   | 0 6 0 2 Y Y Y Y Y   |
| City<br>Grand Blanc  | State<br>MI                          | Zip Code<br>48439-2410  | Transaction ID: 17240374  |
| FEC ID number of contributing federal political committee.                               | C                                    | 40433-2410  | Amount of Each Receipt this Period  250.00  |
| Name of Employer<br>Genesys Health System  | Occupation<br>Trustee                | n   |   |
| Receipt For:  Primary General  Other (specify) ▼   | 1                                    | Year-to-Date ▼<br>250.00  |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Garry C Faja                              |                                      |   | Date of Receipt   |
| Mailing Address 920 Aberdeen   |                                      |   | M M / D D / Y Y Y Y Y Y Y Y O O O O O O O O O O O   |
| City Ann Arbor   | State                                | Zip Code  | Transaction ID: 17240376  |
| Ann Arbor  FEC ID number of contributing federal political committee.                    | C                                    | 48104-2808  | Amount of Each Receipt this Period  1000.00   |
| Name of Employer<br>St. Joseph Mercy Hospital  | Occupation<br>Presiden               | n<br>t and Chief Executive Officer  |   |
| Receipt For:  Primary General  Other (specify) ▼   |                                      | Year-to-Date ▼<br>1000.00   |   |
| SUBTOTAL of Receipts This Page (optiona  | )                                    |   | 1500.00   |

|                          | OULE A (FEC Form 3X)<br>ED RECEIPTS                  |                              | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 17 / 162 (check only one)  X 11a 11b 11c 12                        |
|--------------------------|--|------------------------------|---|--|
|                          |  | Statements mage name and add | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \                        | OF COMMITTEE (In Full) can Hospital Association PAC  |                              |   |  |
| Mr. Mic                  | me (Last, First, Middle Initial)<br>hael J Falatko   |                              |   | Date of Receipt  |
| Mailing  City            | Address 6117 Sunset Ridge Dr                         | State                        | Zip Code  | M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Cass                     | Citv   | MI                           | 48726-1008  | Amount of Each Receipt this Period   |
| FEC ID                   | onumber of contributing political committee.         | C                            |   | 250.00   |
| Name of Hills ar Hospita | of Employer<br>nd Dales General<br>al                | Occupatio<br>Chief Ex        | n<br>ecutive Officer  |  |
|                          | t For:<br>Primary General<br>Other (specify) ♥       | Aggregate                    | e Year-to-Date ▼<br>250.00  |  |
| Mr. Dav                  | me (Last, First, Middle Initial) vid S. Finkbeiner   |                              |   | Date of Receipt  |
| iviaiiiig                | Address 85 Damon Road                                |                              |   | 06 02 2009   |
| City                     |  | State                        | Zip Code  | Transaction ID: 17240396   |
| <u>Hasle</u>             | tt   | MI                           | 48840-9747  | Amount of Each Receipt this Period   |
|                          | number of contributing political committee.          | C                            |   | 583.38   |
| <u>Associ</u>            |  | , ·                          | ice President, Advocacy   |  |
|                          | t For:<br>Primary General<br>Other (specify) ♥       | Aggregate                    | e Year-to-Date ▼<br>583.38  |  |
|                          | me (Last, First, Middle Initial)<br>orgia R Fojtasek | l                            |   | Date of Receipt  |
| Mailing                  | Address 5325 Browns Lake Ro                          | ad                           |   | 06 02 7 2009   |
| City<br><u>Jacks</u>     | on   | State<br>MI                  | Zip Code<br>49203-5602  | Transaction ID: 17240397  Amount of Each Receipt this Period                             |
| FEC ID federal           | number of contributing political committee.          | C                            |   | 500.00   |
| Name o<br>Allegia        | of Employer<br>nce Health                            | Occupatio<br>Presiden        | n<br>t and Chief Executive Officer  |  |
|                          | t For:<br>Primary General<br>Other (specify) ♥       | Aggregate                    | e Year-to-Date ▼ 500.00   |  |
| SUBTOT                   | <b>AL</b> of Receipts This Page (optional)           |                              |   | 1333.38  |
| TOTAL 1                  | Γhis Period (last page this line number              | only)                        |   |  |

| SCHEDULE A (FI   | · · · · · · · · · · · · · · · · · · · | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 18 / 162 (check only one)    X   11a                                  |
|--|---------------------------------------|--|---|
| Any information copied from for commercial purpos  NAME OF COMMITT | es, other than using the name and     | may not be sold or used by any pers<br>d address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| American Hospital  | , ,                                   |  |   |
| Full Name (Last, First Mr. Dwight Gascho                           | ,                                     |  | Date of Receipt   |
| Mailing Address 93   |                                       | a Zin Codo   | 06 02 2009  |
| City<br><u>Pigeon</u>  | State<br>MI                           | e Zip Code<br>48755-9767   | Transaction ID: 17240399  Amount of Each Receipt this Period                                |
| FEC ID number of cor<br>federal political comm                     | ntributing                            | 1 1 1 1 1 1  | 250.00  |
| Name of Employer<br>Scheurer Hospital                              | Occup<br>Presi                        | pation dent and Chief Executive Office   | er  |
| Receipt For: Primary Other (specify)                               | General                               | egate Year-to-Date ▼<br>250.00   |   |
| Full Name (Last, First Mr. Sean Gehle                              | ·                                     |  | Date of Receipt   |
| Mailing Address 18   | 28 Boston Blvd                        |  | 06 02 7 2009  |
| City   | State                                 | ·  | Transaction ID: 17240409  |
| Lansing FEC ID number of core federal political comm               |                                       | 48910-1173   | Amount of Each Receipt this Period 250.00   |
| Name of Employer<br>St. John Health - Rem<br>Office                | Occup<br>Vice I                       | pation<br>President, Advocacy  |   |
| Receipt For: Primary Other (specify)                               | General                               | egate Year-to-Date ▼ 250.00  |   |
| Full Name (Last, First Mr. Daniel M. George                        | , Middle Initial)                     |  | Date of Receipt   |
| Mailing Address 67   | 2 Morningside Drive                   |  | 06 / 02 / 4 4 4 4   |
| City<br>Grand Blanc  | State<br>MI                           | '  | Transaction ID: 17240410  |
| FEC ID number of confederal political commi                        | ntributing                            | 48439-2312   | Amount of Each Receipt this Period  350.00  |
| Name of Employer<br>Covenant Medical Cel                           | Occup<br>VP                           | pation   |   |
| Receipt For: Primary Other (specify)                               | Aggre General                         | egate Year-to-Date ▼ 350.00  |   |
| SUBTOTAL of Receipts   | This Page (optional)                  |  | 850.00  |
|  | t page this line number only)         | <u> </u>   |   |

|           | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                            | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 19 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|-----------|--|----------------------------|---|---|
|           | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | atements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| <b>A.</b> | Full Name (Last, First, Middle Initial) Mr. Ira Ginsburg Mailing Address 2745 Southwood Drive  |                            |   | Date of Receipt  0 6 0 2 2 0 0 9  |
|           | City   | State                      | Zip Code  | Transaction ID: 17240412  |
|           | East Lansing FEC ID number of contributing federal political committee.  | C                          | 48823-2344  | Amount of Each Receipt this Period 250.00   |
|           | Name of Employer<br>Sparrow Hospital<br>Receipt For:   |                            | on<br>P, Operations<br>e Year-to-Date ▼                                   |   |
| _         | Primary General Other (specify) ▼  | 0 0                        | 250.00  |   |
| 3.        | Full Name (Last, First, Middle Initial)  Ms. Carol Goffnett  Mailing Address 4252 Magrudder Road   |                            |   | Date of Receipt  0 6 0 2 2 0 0 9  |
|           | City   | State                      | Zip Code  | Transaction ID: 17240418  |
|           | Saint Louis  FEC ID number of contributing federal political committee.  | C                          | 48880-9103  | Amount of Each Receipt this Period 425.00   |
|           | Name of Employer<br>Grand View Hospital  | Occupation CEO             | n   |   |
|           | Receipt For:  Primary General  Other (specify) ▼   |                            | e Year-to-Date ▼<br>425.00  |   |
| -<br>).   | Full Name (Last, First, Middle Initial) Mr Mark E Gronda   |                            |   | Date of Receipt   |
|           | Mailing Address 2109 Durham  |                            |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|           | City<br>Saginaw  | State<br>MI                | Zip Code<br>48609-9236  | Transaction ID: 17240419  Amount of Each Receipt this Period                              |
|           | FEC ID number of contributing federal political committee.   | C                          | 40005-9230  | 450.00  |
|           | Name of Employer<br>Covenant Medical Center  | Occupation Vice Pre        | on<br>sident and Chief Financial O  | <del></del>   |
|           | Receipt For:  Primary General  Other (specify) ▼   |                            | e Year-to-Date ▼ 450.00   |   |
|           | SUBTOTAL of Receipts This Page (optional)  |                            |   | 1125.00   |
|           | TOTAL This Period (last page this line number of   | only)                      |   |   |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                         | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 20 / 162 (check only one)  X 11a 11b 11c 12   |
|---|-------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may           | y not be sold or used by any perso<br>dress of any political committee to | 13   14   15   16   16   17   18   18   19   19   19   19   19   19 |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                  |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                   |   |
| Full Name (Last, First, Middle Initial) Mrs. Sylvia Hagenlocker                                 |                         |   | Date of Receipt   |
| Mailing Address 290 Lone Pine Rd.   |                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                         |
| City  | State                   | Zip Code  | Transaction ID: 17240420  |
| Bloomfield Hills  | MI                      | 48304-3543  | Amount of Each Receipt this Period                                  |
| FEC ID number of contributing federal political committee.                                      | C                       |   | 250.00  |
| Name of Employer<br>Beaumont Hospital - Royal   | Occupation<br>Trustee   | n   |   |
| Oak Receipt For:  |                         | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 1.59.594.6              | 250.00  |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Gary Henriksen                                   | <u>I</u>                |   | Date of Receipt   |
| Mailing Address 350 Crosswind Drive   |                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                         |
| City  | State                   | Zip Code  | Transaction ID: 17240422  |
| Dimondale   | MI                      | 48821-9795  | Amount of Each Receipt this Period                                  |
| FEC ID number of contributing federal political committee.                                      | C                       |   | 750.00  |
| Name of Employer<br>Michigan Health & Hospital<br>Association                                   | Occupation<br>Chief Fin | n<br>ance Officer   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate               | e Year-to-Date ▼ 750.00   |   |
| Full Name (Last, First, Middle Initial)<br>Mr Dennis R Herrick                                  |                         |   | Date of Receipt   |
| Mailing Address 1450 Redding  |                         |   | 06 02 7 2009  |
| City  | State                   | Zip Code  | Transaction ID: 17240424  |
| <u>Birmingham</u>   | MI                      | 48009-1027  | Amount of Each Receipt this Period                                  |
| FEC ID number of contributing federal political committee.                                      | С                       |   | 250.00  |
| Name of Employer<br>Beaumont Hospital - Royal<br>Oak  | Occupation Vice Pres    | n<br>sident and Chief Financial O   | ff  |
| Receipt For:  | Aggregate               | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   |                         | 250.00  |   |
| SUBTOTAL of Receipts This Page (optional)   | l                       |   | 1250.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 21 / 162 (check only one)  X 11a 11b 11c 12                        |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any perso<br>e name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC                                 |   |  |
| Full Name (Last, First, Middle Initial) Mr. Charles Hoffman                                   |   | Date of Receipt  |
| Mailing Address 2440 Antietam Drive   |   | 06 02 2009   |
| City  | State Zip Code  | Transaction ID: 17240426   |
| Ann Arbor   | MI 48105-1471   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C   | 500.00   |
| Name of Employer<br>St. Joseph Mercy Hospital   | Occupation Chief Financial Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. William Jackson                                | . <b>I</b>  | Date of Receipt  |
| Mailing Address 270 Turkey Run  |   | 06 02 7 2009   |
| City  | State Zip Code  | Transaction ID: 17240434   |
| <u>Charlevoix</u>   | MI 49720-9766   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C   | 500.00   |
| Name of Employer<br>Charlevoix Area Hospital  | Occupation President  |  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   | 500.00  |  |
| Full Name (Last, First, Middle Initial)<br>Mr. David B. Jahn                                  |   | Date of Receipt  |
| Mailing Address 3174 S. Woodfield Bl<br>Apt. 136  | vd.   | 06 02 7 2009   |
| City  | State Zip Code  | Transaction ID: 17240435   |
| Sault Sainte Marie  | MI 49783-9432   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C   | 600.00   |
| Name of Employer<br>War Memorial Hospital   | Occupation Chief Executive Officer  |  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   | 600.00  |  |
|   |   | 1600.00  |

|   | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 162 (check only one)    X   11a   |
|---|--|------------------------------|---|--|
| 4 | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may not and addre | ot be sold or used by any persons of any political committee to         | 13 14 15 16 1  on for the purpose of soliciting contributions o solicit contributions from such committee. |
|   | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                 |                              |   |  |
|   | Full Name (Last, First, Middle Initial)<br>Mr. Spencer Johnson                                 |                              |   | Date of Receipt  |
|   | Mailing Address 2066 Riverwood Drive   |                              |   | 06 02 2009   |
|   | City<br>Okemos   | State<br>MI                  | Zip Code<br>48864-2814  | Transaction ID: 17240436  Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.                                     | C                            |   | 1000.00  |
|   | Name of Employer<br>Michigan Health & Hospital<br>Association                                  | Occupation<br>President      |   |  |
|   | Receipt For: Primary General Other (specify)   | + +                          | ear-to-Date ▼<br>1000.00  |  |
| _ | Full Name (Last, First, Middle Initial)<br>Dr. Mark A Kelley                                   |                              |   | Date of Receipt  |
|   | Mailing Address 1124 Covington Road  |                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|   | City   | State                        | Zip Code  | Transaction ID: 17240441   |
|   | Bloomfield Hills  FEC ID number of contributing federal political committee.                   | C                            | 48301-2363  | Amount of Each Receipt this Period 500.00  |
|   | Name of Employer<br>Henry Ford Health System   | Occupation Executive \       | /ice President  |  |
|   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y                  | ear-to-Date ▼ 500.00  |  |
| _ | Full Name (Last, First, Middle Initial)<br>Mr. Charles D. Kohlruss                             |                              |   | Date of Receipt  |
|   | Mailing Address 946 Meadow Lark Cou  | ırt                          |   | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|   | City<br>Holland  | State<br>MI                  | Zip Code<br>49424-6602  | Transaction ID: 17240443  Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.                                     | C                            | 1 1 1 1   | 250.00   |
|   | Name of Employer<br>Holland Hospital   | Occupation<br>Vice Presid    | lent, Human Resources   |  |
|   | Receipt For:  Primary General  Other (specify) ▼   |                              | ear-to-Date ▼<br>250.00   |  |
|   | SUBTOTAL of Receipts This Page (optional)  | 1                            |   | 1750.00  |
|   | SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number       |                              |   | 1750.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                    | FOR LINE NUMBER: PAGE 23 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC | d Statements may not be sold or used by any person<br>the name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Mark D. Kolins, MD  Mailing Address 777 Overhill Road  City  | State Zip Code   | Date of Receipt  0 6 0 2 2 0 0 9  Transaction ID: 17240444                               |
| Bloomfield Village FEC ID number of contributing federal political committee.  | MI 48301-2571  | Amount of Each Receipt this Period 250.00  |
| Name of Employer Beaumont Hospital - Troy  Receipt For:  Primary General  Other (specify) ▼  | Occupation Administrator  Aggregate Year-to-Date   250.00  |  |
| Full Name (Last, First, Middle Initial) Dr. John M. Kosanovich, M.D.  Mailing Address 25 E. Hannum Blvd.   |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City Saginaw  FEC ID number of contributing federal political committee.   | State Zip Code MI 48602-1937   | Transaction ID: 17240445  Amount of Each Receipt this Period  400.00                     |
| Name of Employer<br>Covenant Medical Center  | Occupation Vice President  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 400.00  |  |
| Full Name (Last, First, Middle Initial) Mr Dennis Krzeminski Mailing Address 22526 Porter  |  | Date of Receipt  0 6 0 2 2 0 0 9   |
| City<br>Novi   | State Zip Code MI 48374-3732   | Transaction ID: 17240453  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C  | 375.00   |
| Name of Employer<br>McLaren Health Care Corpo-<br>ration   | Occupation Senior Vice President and Chief Finan   | d<br>d   |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 375.00  |  |
|  | )  | 1025.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information period from such Penerts a                       | for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 24 / 162 (check only one)    X |
|---|--|--|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PA | nd Statements may not be sold or used by any persor g the name and address of any political committee to s | solicit contributions from such committee.           |
| Full Name (Last, First, Middle Initial) Dr. James Kure  |  | Date of Receipt                                      |
| Mailing Address 10140 Halsey Road   | d  | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City  | State Zip Code   | Transaction ID: 17240454                             |
| Grand Blanc   | MI 48439-8208  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  | C  | 500.00   |
| Name of Employer<br>Genesys Health System   | Occupation Director, Cardiology  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |  |
| Full Name (Last, First, Middle Initial) Mr. Paul E. LaCasse, , DO   |  | Date of Receipt                                      |
| Mailing Address 6520 Commerce R   | Road   | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O    |
| City  | State Zip Code   | Transaction ID: 17240455                             |
| West Bloomfield   | MI 48324-2714  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  | C  | 500.00   |
| Name of Employer<br>Botsford Hospital   | Occupation President & Chief Executive Officer   | 1  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Patrick Lamberti   |  | Date of Receipt                                      |
| Mailing Address 54570 Coventry La   | ne   | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City  | State Zip Code   | Transaction ID: 17240457                             |
| Shelby Township   | MI 48315-1620  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  | C  | 500.00   |
| Name of Employer<br>POH Regional Medical Cent-<br>er  | Occupation Chief Executive Officer   |  |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 500.00  |  |
| SUBTOTAL of Receipts This Page (ontion  | al)  | 1500.00  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 162 (check only one)  X 11a 11b 11c 12                          |
|---|----------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may<br>e name and add | not be sold or used by any personess of any political committee to      | n for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC                                 |                                  |   |  |
| Full Name (Last, First, Middle Initial) Mr. Gregory R. Lane                                   |                                  |   | Date of Receipt  |
| Mailing Address 1596 South Hill Circle  | )                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State                            | Zip Code  | Transaction ID: 17240463   |
| Bloomfield  | MI                               | 48304-1121  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C                                |   | 500.00   |
| Name of Employer<br>McLaren Health Care Corpo-  | Occupation<br>Sr. Vice F         |   |  |
| <u>ration</u><br>Receipt For:   |                                  | Year-to-Date ▼  | 1  |
| Primary General Other (specify) ▼   | 1.59.59410                       | 500.00  |  |
| Full Name (Last, First, Middle Initial)<br>Ms. Lori Latham                                    |                                  |   | Date of Receipt  |
| Mailing Address 13630 Juniper Drive   |                                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State                            | Zip Code  | Transaction ID: 17240464   |
| Dewitt  | MI                               | 48820-9078  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C                                |   | 291.69   |
| Name of Employer<br>Michigan Health & Hospital<br>Association                                 | Occupation Vice Pres             |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                        | Year-to-Date ▼ 291.69   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Jim Lee  |                                  |   | Date of Receipt  |
| Mailing Address 803 Greenwich Drive   |                                  |   | 06 02 7 9 9  |
| City  | State                            | Zip Code  | Transaction ID: 17240466   |
| Grand Ledge   | MI                               | 48837-2411  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C                                |   | 500.00   |
| Name of Employer<br>Michigan Health & Hospital<br>Association                                 | Occupation VP, Data              |   |  |
| Receipt For:  | Aggregate                        | Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   |                                  | 500.00  |  |
|   | 1                                |   | 1291.69  |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 26 / 162 (check only one)    X   11a                                  |
|----------|---|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person<br>ename and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | American Hospital Association PAC   |   |   |
| Α.       | Full Name (Last, First, Middle Initial) Mr. Gary LeRoy  |   | Date of Receipt   |
|          | Mailing Address 4158 Quaker Hill Drive  |   | 06 02 2009  |
|          | City<br>Fort Gratiot  | State Zip Code MI 48059-4036  | Transaction ID: 17240486  Amount of Each Receipt this Period                                |
|          | FEC ID number of contributing federal political committee.  | C   | 300.00  |
|          | Name of Employer<br>Port Huron Hospital   | Occupation Assistant Hospital Administrator   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 300.00   |   |
| В.       | Full Name (Last, First, Middle Initial) Ms. Marilyn Litka-Klein Mailing Address 16930 Pine Hollow Dri                       | Date of Receipt   |   |
|          |   | 06 02 2009  |   |
|          | City<br>East Lansing  | State Zip Code MI 48823-9664  | Transaction ID: 17240488  Amount of Each Receipt this Period                                |
|          | FEC ID number of contributing federal political committee.  | C   | 388.50  |
|          | Name of Employer<br>Michigan Health & Hospital<br>Association   | Occupation Sr. Director, Health Finance   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 388.50   |   |
| С.<br>С. | Full Name (Last, First, Middle Initial)<br>Mr. Spencer Maidlow  | Date of Receipt   |   |
|          | Mailing Address 1447 North Harrison S   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |   |
|          | City  | State Zip Code<br>MI 48602-4727   | Transaction ID: 17240490  |
|          | Saginaw FEC ID number of contributing federal political committee.  | MI 48602-4727   | Amount of Each Receipt this Period  500.00  |
|          | Name of Employer<br>Covenant Medical Center   | Occupation President and Chief Executive Office   | r   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |   |
|          | SUBTOTAL of Receipts This Page (optional)   |   | 1188.50   |
|          | TOTAL This Period (last page this line number   | ·   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| or for commercial purposes, other than using on the state of the state | the name and address of any political committee to s                    | solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial) Dr. Rolland Mambourg, , M.D.  Mailing Address 1690 Waterside Ct.   |   | Date of Receipt  0 6 0 2 2 0 0 9   |
| City   | State Zip Code  | Transaction ID: 17240523   |
| Ann Arbor  | MI 48108-8578   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 300.00   |
| Name of Employer<br>St. Joseph Mercy Hospital  | Occupation Vice President Physician Services                            |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 300.00   |  |
| Full Name (Last, First, Middle Initial) Mr. David L. Marcellino  |   | Date of Receipt  |
| Mailing Address 41511 Thoreau Ridg   |   | 06 02 7 9 9  |
| City   | State Zip Code  | Transaction ID: 17240524   |
| Novi   | MI 48377-2853   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 250.00   |
| Name of Employer<br>Botsford Hospital  | Occupation Corporate Vice President & CFO                               |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00   |  |
| Full Name (Last, First, Middle Initial) Mr. Kenneth J Matzick  | 1   | Date of Receipt  |
| Mailing Address 22500 Lavon  |   | 06 02 2009   |
| City<br><u>Saint Clair Shores</u>  | State Zip Code MI 48081-2076  | Transaction ID: 17240526  Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.   | C   | 500.00   |
| Name of Employer<br>Beaumont Hospital - Royal<br>Oak   | Occupation President and Chief Executive Officer                        |  |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 500.00   |  |
| SUBTOTAL of Receipts This Page (optional   | )   | 1050.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS                                 | Use separate schedule(s) for each category of the Detailed Summary Page                                      | FOR LINE NUMBER: PAGE 28 / 162 (check only one)    X                                  |
|--|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person ng the name and address of any political committee to s | for the purpose of soliciting contributions olicit contributions from such committee. |
| American Hospital Association Pa   | AC   |   |
| Full Name (Last, First, Middle Initial) Mr. Philip H McCorkle, , Jr.     |  | Date of Receipt   |
| Mailing Address 200 Jefferson Ave  | enue SE  | 06 02 2009  |
| City   | State Zip Code   | Transaction ID: 17240527  |
| Grand Rapids   | MI 49503-4502  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.               | C  | 500.00  |
| Name of Employer<br>Saint Mary's Health Care                             | Occupation President and Chief Executive Officer   |   |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼ 500.00  |   |
| Full Name (Last, First, Middle Initial) Ms. Nancy McKeague               |  | Date of Receipt   |
| Mailing Address 627 N Harrison   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |   |
| City   | State Zip Code   | Transaction ID: 17240529  |
| East Lansing   | MI 48823-3017  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.               | C  | 584.40  |
| Name of Employer<br>Michigan Health & Hospital<br>Association            | Occupation Senior Vice President   |   |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼ 584.40  |   |
| Full Name (Last, First, Middle Initial) Mr. A. Gary Muller               |  | Date of Receipt   |
| Mailing Address 1246 Lakeshore F   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |   |
| City   | State Zip Code   | Transaction ID: 17240532  |
| Marquette  | MI 49855   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.               | C  | 250.00  |
| Name of Employer<br>Marquette General Health<br>System                   | Occupation President & CEO   |   |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼  250.00   |   |
| SUBTOTAL of Receipts This Page (option                                   | onal)  | 1334.40   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | for each category of the  Detailed Summary Page  | FOR LINE NUMBER: PAGE 29 / 162 (check only one)    X                                  |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | Statements may not be sold or used by any person<br>the name and address of any political committee to s | of the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Patrick Murtha   |  | Date of Receipt   |
| Mailing Address P O Box 659  |  | 06 02 2009  |
| City   | State Zip Code   | Transaction ID: 17240534  |
| Tawas City   | MI 48764-0659  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |
| Name of Employer<br>St. Joseph Health System   | Occupation President and Chief Executive Officer   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00  |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Rodney M Nelson   |  | Date of Receipt   |
| Mailing Address 330 Gros Cap Road  |  | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O                                     |
| City   | State Zip Code   | Transaction ID: 17240535  |
| Saint Ignace   | MI 49781-9837  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 250.00  |
| Name of Employer<br>Mackinac Straits Hospital<br>and Health C  | Occupation President and Chief Executive Officer   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  | -   |
| Full Name (Last, First, Middle Initial)<br>Mr. Thomas Noren  | _L   | Date of Receipt   |
| Mailing Address 169 W Main Street  |  | 0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State Zip Code   | Transaction ID: 17240537  |
| Marquette  | MI 49855-9331  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С  | 250.00  |
| Name of Employer<br>Marquette General Health<br>System   | Occupation Chief Medical Officer   |   |
| Receipt For:   | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼  | 250.00   |   |
|  |  | 1000.00   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | for each category of the  Detailed Summary Page   | FOR LINE NUMBER: PAGE 30 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 1      |
|--|---|---|
| or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  American Hospital Association PA | and Statements may not be sold or used by any person g the name and address of any political committee to s | for the purpose of soliciting contributions olicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Mark S O'Halla   | -   | Date of Receipt   |
| Mailing Address 1000 Harrington B  | oulevard  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State Zip Code  | Transaction ID: 17240538  |
| Mount Clemens  | MI 48043-2920   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 500.00  |
| Name of Employer<br>Mount Clemens Regional Me-<br>dical Center   | Occupation President and Chief Executive Officer  | 1   |
| Receipt For:   | Aggregate Year-to-Date ▼  | 1   |
| Primary General Other (specify) ▼  | 500.00  |   |
| Full Name (Last, First, Middle Initial) Mr. Randall D Oostra, , FACHE                                      |   | Date of Receipt   |
| Mailing Address 21 Tremore Way   |   | 0 6 0 2 2 0 0 9   |
| City   | State Zip Code  | Transaction ID: 17240592  |
| Holland  | OH 44870-6081   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 500.00  |
| Name of Employer<br>ProMedica Health System  | Occupation President and COO  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00   |   |
| Full Name (Last, First, Middle Initial) Ms. Francine M. Padgett  |   | Date of Receipt   |
| Mailing Address 21 Hunter's Ridge  |   | 06 02 2009  |
| City   | State Zip Code  | Transaction ID: 17240593  |
| Saginaw  | MI 48609-9318   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 250.00  |
| Name of Employer<br>MidMichigan Health   | Occupation Controller   | 1   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00   |   |
| SUBTOTAL of Receipts This Page (option   | nal)  | 1250.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | •  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 162 (check only one)    X   11a           |
|--|--|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | Statements mand add  | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                       |
| Full Name (Last, First, Middle Initial) Mr. Mark Pawlak Mailing Address 15277 Meadowwood City  | State  | Zip Code  | Date of Receipt    M   |
| Grand Haven  FEC ID number of contributing federal political committee.  | C  | 49417-9684  | Amount of Each Receipt this Period 250.00                            |
| Name of Employer Holland Hospital  Receipt For:  Primary General Other (specify) ▼   | Occupatio<br>Vice Pres<br>Aggregate                          |   |  |
| Full Name (Last, First, Middle Initial) Mr. Wallace Strickland Mailing Address 1314 19th Avenue  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |
| City  Meridian  FEC ID number of contributing federal political committee.   | State<br>MS  | Zip Code<br>39301-4116  | Transaction ID: 17240599  Amount of Each Receipt this Period  250.00 |
| Name of Employer Rush Health Systems  Receipt For: Primary General Other (specify)   |  | n<br>t and Chief Executive Officer<br>Year-to-Date •                          |  |
| Full Name (Last, First, Middle Initial) Mr. Gerald D Wages Mailing Address 830 S. Gloster Street   |  |   |  |
| City Tupelo  FEC ID number of contributing federal political committee.  | State<br>MS  | Zip Code<br>38801-4996  | Transaction ID: 17240600  Amount of Each Receipt this Period  900.00 |
| Name of Employer North Mississippi Health Services, Inc Receipt For: Primary General Other (specify)   |  | n<br>President and Chief Executive<br>• Year-to-Date ▼<br>900.00              |  |
| SUBTOTAL of Receipts This Page (optional)  |  |   | 1400.00  |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                                      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 162 (check only one)    X   11a                                  |
|----|--|--------------------------------------|---|---|
| An | y information copied from such Reports and S<br>for commercial purposes, other than using the      | Statements may n<br>e name and addre | not be sold or used by any persess of any political committee to        | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                      |                                      |   |   |
| ۸. | Full Name (Last, First, Middle Initial) Mr. Claude W. Harbarger Mailing Address 969 Lakeland Drive |                                      |   | Date of Receipt   |
|    |  | Chaha                                | 7:- Oada  | 06 03 2009  |
|    | City<br>Jackson  | State<br>MS                          | Zip Code<br>39216-4606  | Transaction ID: 17240601  Amount of Each Receipt this Period                                |
|    | FEC ID number of contributing federal political committee.   | С                                    |   | 250.00  |
|    | Name of Employer<br>St. Dominic-Jackson Memor-<br>ial Hospital                                     | Occupation<br>President              |   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y                          | ear-to-Date ▼<br>250.00   |   |
| _  | Full Name (Last, First, Middle Initial)<br>Mr. Brian Peters  | 1                                    |   | Date of Receipt   |
|    | Mailing Address 3051 Crofton Dr.   |                                      |   | 0 6 0 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City   | State                                | Zip Code  | Transaction ID: 17240608  |
|    | Dewitt FEC ID number of contributing federal political committee.                                  | C                                    | 48820-7770  | Amount of Each Receipt this Period 750.00   |
|    | Name of Employer<br>Michigan Health & Hospital<br>Association                                      | Occupation<br>Senior Cor             | porate Vice President   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y                          | rear-to-Date ▼ 750.00   |   |
|    | Full Name (Last, First, Middle Initial)<br>Mr. William Peterson                                    | .1                                   |   | Date of Receipt   |
|    | Mailing Address 2665 Daleview Drive  |                                      |   | 06 02 YYYY<br>2009  |
|    | City   | State                                | Zip Code  | Transaction ID: 17240609  |
|    | Ann Arbor FEC ID number of contributing federal political committee.                               | C                                    | 48105-9603  | Amount of Each Receipt this Period  375.00  |
|    | Name of Employer<br>McLaren Health Care Corpo-<br>ration   | Occupation VP, Emplo                 | yee & Labor Relations   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y                          | ear-to-Date ▼ 375.00  |   |
|    | UBTOTAL of Receipts This Page (optional)   | 1                                    |   | 1375.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 33 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16              |  |  |  |
|--|---|---|--|--|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA | nd Statements may not be sold or used by any pers<br>the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |  |
| Full Name (Last, First, Middle Initial) Mr Steve Pirog Mailing Address 2030 Hunters Run  | NIE.  | Date of Receipt   |  |  |  |
| City   | State Zip Code  | Transaction ID: 17240610  |  |  |  |
| Ada  FEC ID number of contributing federal political committee.  | MI 49301-9559   | Amount of Each Receipt this Period 250.00   |  |  |  |
| Name of Employer<br>Saint Mary's Health Care   | Occupation Vice President Finance   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  250.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial) Ms. Andrea R. Price, , FACHE Mailing Address 2024 Timberview D   | Date of Receipt  0 6 0 2 2 0 0 9  |   |  |  |  |
| City   | City State Zip Code   |   |  |  |  |
| Okemos   | MI 48864-5998   | Transaction ID: 17240611  Amount of Each Receipt this Period                                |  |  |  |
| FEC ID number of contributing federal political committee.   | C   | 375.00  |  |  |  |
| Name of Employer<br>Sparrow Hospital   | Occupation Administrator  |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 375.00   |   |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Sam W. Cameron  |   | Date of Receipt   |  |  |  |
| Mailing Address 28 Waterford Place   | 9   | 06 03 7 2009  |  |  |  |
| City   | State Zip Code  | Transaction ID: 17240614  |  |  |  |
| Jackson  FEC ID number of contributing federal political committee.  | MS 39211-2945   | Amount of Each Receipt this Period  2.50  |  |  |  |
| Name of Employer<br>Mississippi Hospital Asso-<br>ciation  | Occupation President & Chief Executive Officer  |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 507.50   |   |  |  |  |
|  | al)   | 627.50  |  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 34 / 162 (check only one)    X                                     |
|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | Statements may not be sold or used by any person<br>the name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. G. Douglas Higginbotham Mailing Address P O Box 607  |  | Date of Receipt  |
|  |  | 06 03 7 2009   |
| City   | State Zip Code   | Transaction ID: 17240622   |
| Laurel   | MS 39441-0607  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 250.00   |
| Name of Employer<br>South Central Regional Me-<br>dical Center   | Occupation Executive Director  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  |  |
| Full Name (Last, First, Middle Initial) Ms. Kathy Peoples  |  | Date of Receipt  |
| Mailing Address 5333 Elderberry Road   | 0 6 0 3 2 0 0 9  |  |
| City   | State Zip Code   | Transaction ID: 17240642   |
| Noblesville  | IN 46062-9317  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 250.00   |
| Name of Employer<br>St. Joseph Hospital  | Occupation V.P. Nursing  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Brian T Shockney  | <u> </u>   | Date of Receipt  |
| Mailing Address 2745 N Indian Creek  | 0 6 0 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |
| City   | State Zip Code   | Transaction ID: 17240643   |
| Logansport   | IN 46947-8648  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | С  | 250.00   |
| Name of Employer<br>Memorial Hospital  | Occupation President and Chief Executive Officer   | 1  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  |  |
| SUBTOTAL of Receipts This Page (optional)  | <b></b>  | 750.00   |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                | FOR LINE NUMBER: PAGE 35 / 162 (check only one)  X 11a 11b 11c 12 15 16 |
|--|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | tatements may not be sold or used by any personame and address of any political committee to |   |
| Full Name (Last, First, Middle Initial) Mr. Vincent C. Caponi Mailing Address 8166 Darnley Court  City Indianapolis  | State Zip Code IN 46260-2906   | Date of Receipt    M M  |
| FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Health  | Occupation   | 500.00  |
| St. Vincent Health  Receipt For: Primary General Other (specify)   | Hospital CEO Aggregate Year-to-Date ▼  500.00  |   |
| Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE Mailing Address 1000 E. Main St.   |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City   | State Zip Code   | Transaction ID: 17240645  |
| Danville  FEC ID number of contributing federal political committee.   | IN 46122-1948  C   | Amount of Each Receipt this Period  500.00                              |
| Name of Employer Hendricks Regional Health  Receipt For:  Primary General  Other (specify)   | Occupation Hospital President  Aggregate Year-to-Date   500.00                               |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Spencer L. Grover   |  | Date of Receipt   |
| Mailing Address 3636 Emily Way   |  | 0 6 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City   | State Zip Code   | Transaction ID: 17240646  |
| Carmel  FEC ID number of contributing federal political committee.   | IN 46033-4442  | Amount of Each Receipt this Period  500.00                              |
| Name of Employer<br>Indiana Hospital Associat-<br>ion  | Occupation Vice President  | 1   |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 500.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |  | 1500.00   |

| ITEMIZED RECEIPTS  |                                      | Use separate schedule(s) for each category of the<br>Detailed Summary Page | (check only one)  X 11a 11b 11c 12   |  |  |
|--|--------------------------------------|--|--|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may<br>the name and add | not be sold or used by any perso<br>dress of any political committee to    | n for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |
| American Hospital Association PAC  |                                      |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Mr. David H. Wiesman  Mailing Address 4521 Hickory Grove                    | e Blvd.                              |  | Date of Receipt  |  |  |
| City<br>Greenwood  | State<br>IN                          | Zip Code<br>46143-7448   | Transaction ID: 17240647  Amount of Each Receipt this Period                               |  |  |
| FEC ID number of contributing federal political committee.   | C                                    | 10.107.10  | 500.00   |  |  |
| Name of Employer<br>Indiana Hospital Associat-<br>ion  | Occupation Vice Pres                 |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼ 500.00  |  |  |  |
| Full Name (Last, First, Middle Initial) Mr. Brian Tabor Mailing Address 10762 Forest Lake                            | Date of Receipt                      |  |  |  |  |
|  | City State 7in Code                  |  |  |  |  |
| City<br>Indianapolis   | State<br>IN                          | Zip Code<br>46278-9610   | Transaction ID: 17240648  Amount of Each Receipt this Period                               |  |  |
| FEC ID number of contributing federal political committee.   | C                                    | 40270 3010   | 500.00   |  |  |
| Name of Employer<br>Indiana Hospital Associat-<br>ion  | Occupation<br>Vice Pres              | n<br>sident of Government Relatio  | ons  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼ 500.00  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Mr. lan G. Worden   | •                                    |  | Date of Receipt  |  |  |
| Mailing Address 10749 King's Mill Di   | r.                                   |  | 06 03 7 2009   |  |  |
| City   | State                                | Zip Code   | Transaction ID: 17240649   |  |  |
| Carmel  FEC ID number of contributing federal political committee.   | C                                    | 46032-9467   | Amount of Each Receipt this Period  550.00   |  |  |
| Name of Employer<br>St. Vincent Health   | Occupation<br>Chief Fin              | n<br>ancial Officer  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼ 550.00  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona  | l)                                   |  | 1550.00  |  |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 37 / 162 (check only one)    X   11a           |
|--|--|--|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any person<br>the name and address of any political committee to | on for the purpose of soliciting contributions                       |
| American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Ms. Diane M. Radloff  Mailing Address 3211 Governors Lar |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |
| City  Commerce Township  FEC ID number of contributing   | State Zip Code MI 48390-1233 C   | Transaction ID: 17240651  Amount of Each Receipt this Period  250.00 |
| Receipt For:  Primary  Other (specify) ▼   | Occupation Administrator  Aggregate Year-to-Date   250.00  |  |
| Full Name (Last, First, Middle Initial) Mrs. Donna J. Rapp Mailing Address 2330 N Deer Valley  |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |
| City   | State Zip Code   | Transaction ID: 17240653   |
| Midland  FEC ID number of contributing federal political committee.  | MI 48642-8800  | Amount of Each Receipt this Period 250.00                            |
| Name of Employer<br>MidMichigan Health   | Occupation Vice President  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  |  |
| Full Name (Last, First, Middle Initial) Dr. Larry Rawsthorne, , M.D.  Mailing Address 2100 White Owl Wa                              | ay   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |
| City   | State Zip Code   | Transaction ID: 17240654   |
| Okemos  FEC ID number of contributing federal political committee.   | MI 48864-5205  | Amount of Each Receipt this Period  375.00                           |
| Name of Employer<br>Sparrow Hospital   | Occupation Senior Vice President Medical Affairs   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 375.00  |  |
| SUBTOTAL of Receipts This Page (optional   | )  | 875.00   |
| TOTAL This Period (last page this line numb  | per only)  |  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | for ea                                   | separate schedule(s)<br>ach category of the<br>iled Summary Page | FOR LINE NUMBER: PAGE 38 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|---------|--|--|--|---|
| 4       | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be name and address of | sold or used by any perso<br>any political committee to          | on for the purpose of soliciting contributions solicit contributions from such committee. |
|         | American Hospital Association PAC  |  |  |   |
| Α.      | Full Name (Last, First, Middle Initial) Mr. Richard M Reynolds  Mailing Address 3467 N. Sunset Way                         |  |  | Date of Receipt   |
|         |  |  |  | 06 02 2009  |
|         | City<br>Sanford  |  | Code<br>657-9583   | Transaction ID: 17240656  Amount of Each Receipt this Period                              |
|         | FEC ID number of contributing federal political committee.   | C  | 337 3303   | 500.00  |
|         | Name of Employer<br>MidMichigan Health   | Occupation<br>President                  |  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to                        | Date ▼ 500.00  |   |
| В.      | Full Name (Last, First, Middle Initial) Mr. Brian L. Rodgers Mailing Address 3979 N. Perrine Road                          | <u> </u>                                 |  | Date of Receipt   |
|         |  | 06 02 2009                               |  |   |
|         | City<br>Midland  |  | Code<br>642-8336   | Transaction ID: 17240658  |
|         | FEC ID number of contributing federal political committee.   | C  | 342-0330   | Amount of Each Receipt this Period  250.00  |
|         | Name of Employer<br>MidMichigan Health   | Occupation Senior Vice Pres              | sident   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to                        | -Date ▼ 250.00   |   |
| _<br>С. | Full Name (Last, First, Middle Initial)<br>Mr. Gregory H. Rogers   |  |  | Date of Receipt   |
|         | Mailing Address 405 Hunters Ridge  |  |  | 06 02 7 2009  |
|         | City   | •  | Code<br>640-2920   | Transaction ID: 17240659  |
|         | Midland  FEC ID number of contributing federal political committee.  | C 48                                     | 040-2920   | Amount of Each Receipt this Period  375.00  |
|         | Name of Employer<br>MidMichigan Health   | Occupation<br>Manager                    |  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to                        | Date ▼ 375.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)  |  |  | 1125.00   |
|         | TOTAL This Period (last page this line number  | only)                                    | ······   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | .)               | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 39 / 162 (check only one)    X                  |
|--|------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC | the name and add | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions                         |
| Full Name (Last, First, Middle Initial)  Ms. Barbara Rossmann  Mailing Address 15855 19 Mile Road  City  | l<br>State       | Zip Code  | Date of Receipt    M M  |
| Clinton Township  FEC ID number of contributing federal political committee.   | MI               | 48038-3504  | Amount of Each Receipt this Period  500.00                            |
| Name of Employer Henry Ford Health System  Receipt For:  Primary General  Other (specify) ▼  |                  | n<br>t and Chief Executive Officer<br>e Year-to-Date ▼<br>500.00          |   |
| Full Name (Last, First, Middle Initial) Mr. Joseph J. Ruth Mailing Address 6480 Kernwood   | <b>'</b>         |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y        |
| City  East Lansing  FEC ID number of contributing federal political committee.   | State<br>MI      | Zip Code<br>48823-9432  | Transaction ID: 17240661  Amount of Each Receipt this Period  375.00  |
| Name of Employer Sparrow Hospital  Receipt For:  Primary General  Other (specify) ▼  |                  | P and Chief Strategy Officer  Year-to-Date  375.00                        |   |
| Full Name (Last, First, Middle Initial) Ms. Nancy M Schlichting Mailing Address One Ford Place   |                  |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City  Detroit  FEC ID number of contributing federal political committee.  | State<br>MI      | Zip Code<br>48202-3450  | Transaction ID: 17240663  Amount of Each Receipt this Period  2500.00 |
| Name of Employer Henry Ford Health System  Receipt For:  Primary General  Other (specify) ▼  |                  | n<br>t and Chief Executive Officer<br>e Year-to-Date ▼<br>2500.00         |   |
| SUBTOTAL of Receipts This Page (optional   | )                |   | 3375.00   |

# SCHEDULE A (FEC Form 3X)

|                | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 40 / 162 (check only one)    X   11a                                  |
|----------------|---|--------------------------------|---|---|
| Ai             | ny information copied from such Reports and St<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>American Hospital Association PAC | tatements may<br>name and add  | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| <u>∠</u><br>4. | Full Name (Last, First, Middle Initial) Mrs. Elizabeth S. Schnettler Mailing Address 9120 Port Austin Road  |                                |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
|                | City  | State<br>MI                    | Zip Code  | Transaction ID: 17240664  |
|                | Bay Port  FEC ID number of contributing federal political committee.  | C                              | 48720-9770  | Amount of Each Receipt this Period  250.00  |
|                | Name of Employer Hospital Council of East Central Michi Receipt For:  Primary General Other (specify) ▼   | Occupation President Aggregate |   | ]   |
| В.             | Full Name (Last, First, Middle Initial) Mr. Peter J. Schonfeld  Mailing Address 7105 Cutler Road  |                                |   | Date of Receipt  0 6 0 2 2 0 0 9  |
|                | City  | State                          | Zip Code  | Transaction ID: 17240667  |
|                | Bath  | MI                             | 48808-9439  | Amount of Each Receipt this Period  |
|                | FEC ID number of contributing federal political committee.  | C                              |   | 583.38  |
|                | Name of Employer Michigan Health & Hospital Association Receipt For:  Primary  Other (specify) ▼  | r '                            | n<br>President, Policy & Data Svo<br>Year-to-Date ▼<br>583.38             | os l  |
|                | Full Name (Last, First, Middle Initial) Mr. Michael R. Schwartz   |                                |   | Date of Receipt   |
|                | Mailing Address 582 Henrietta Street  |                                |   | 06 / 02 / 7 7 7 7   |
|                | City  | State                          | Zip Code  | Transaction ID: 17240668  |
|                | Birmingham  FEC ID number of contributing federal political committee.  | C                              | 48009-1453  | Amount of Each Receipt this Period  250.00  |
|                | Name of Employer<br>Michigan Health & Hospital<br>Association   | Occupation<br>Retired          | n   |   |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | Year-to-Date ▼<br>250.00  |   |
|                | UBTOTAL of Receipts This Page (optional)  |                                |   | 1083.38   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC  | Statements may re name and addre       | not be sold or used by any perso<br>ess of any political committee to   |  |
| Full Name (Last, First, Middle Initial) Mr. James J Sexton  Mailing Address 2333 Biddle Avenue  City Wyandotte  FEC ID number of contributing federal political committee.  Name of Employer Henry Ford Health System  Receipt For: Primary General Other (specify) | <del></del>                            | Zip Code 48192-4668  and Chief Executive Officer Year-to-Date ▼ 250.00  | Date of Receipt  M M M O D D O D O D O D O D O D O D O D                         |
| Full Name (Last, First, Middle Initial) Ms. Camille Shy Mailing Address 13200 Cambridge Col City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Mercy Hospital  Receipt For: Primary General Other (specify)     | State MI  C  Occupation Vice President | Zip Code 48170-3099  dent /ear-to-Date ▼ 500.00                         | Date of Receipt  M M M O D D O D O D O D O D O D O D O D                         |
| Full Name (Last, First, Middle Initial) Mr. Dale Sowders Mailing Address 1093 Jill Louise Court  City Holland FEC ID number of contributing federal political committee.  Name of Employer Holland Hospital  Receipt For: Primary General Other (specify)           | State MI  C  Occupation President      | Zip Code 49424-5321  and Chief Executive Officer Year-to-Date ▼ 250.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number  |  | <u> </u>  | 1000.00  |

|                                    | LE A (FEC Form 3X)  RECEIPTS                                       | )                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 162 (check only one)    X  |
|------------------------------------|--|------------------------|---|---|
| Any informatio or for commercial   | n copied from such Reports and cial purposes, other than using the | Statements may         | ont be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \                                  | COMMITTEE (In Full) Hospital Association PAC                       |                        |   |   |
|                                    | (Last, First, Middle Initial)<br>Spaude, , FACHE                   |                        |   | Date of Receipt   |
|                                    | dress 6354 East Bay Lane   |                        |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City                               |  | State                  | Zip Code  | Transaction ID: 17240680  |
| Richland                           |  | MI                     | 49083-8707  | Amount of Each Receipt this Period  |
|                                    | mber of contributing tical committee.                              | C                      |   | 600.00  |
| Name of Er<br>Borgess He           | mployer<br>ealth Alliance  | Occupatio<br>Presiden  | n<br>t and Chief Executive Office   | r   |
| Receipt For                        | r:   | Aggregate              | e Year-to-Date ▼  |   |
| Prima<br>Other                     | ary General<br>r (specify) ▼                                       |                        | 600.00  |   |
| Full Name (                        | (Last, First, Middle Initial)<br>Stasik                            | 1                      |   | Date of Receipt   |
| Mailing Add                        | dress 6538 S Evergreen Dr  | ive                    |   | 0 6 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City                               |  | State                  | Zip Code  | Transaction ID: 17240684  |
| <u>Newaygo</u>                     |  | MI                     | 49337-8196  | Amount of Each Receipt this Period  |
|                                    | mber of contributing tical committee.                              | C                      |   | 500.00  |
| Name of Er<br>Gerber Mer<br>rvices | mployer<br>morial Health Se-                                       | Occupatio<br>Chief Exc | n<br>ecutive Officer  |   |
| Receipt For                        | r:   | Aggregate              | e Year-to-Date ▼  |   |
| Prima<br>Other                     | ary General<br>r (specify) ▼                                       |                        | 500.00  |   |
| Full Name (                        | (Last, First, Middle Initial)<br>Steele                            |                        |   | Date of Receipt   |
| Mailing Add                        | dress 391 Troon Court  |                        |   | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City                               |  | State                  | Zip Code  | Transaction ID: 17240685  |
| <u>Holland</u>                     |  | MI                     | 49423-8830  | Amount of Each Receipt this Period  |
|                                    | mber of contributing<br>cical committee.                           | C                      |   | 250.00  |
| Name of Er<br>Holland Ho           | mployer<br>spital  | Occupatio<br>Vice Pres | n<br>sident Finance and Chief Fir   | nan   |
| Receipt For                        |  | Aggregate              | e Year-to-Date ▼  |   |
| Prima<br>Other                     | ary General<br>r (specify) <b>▼</b>                                |                        | 250.00  | ]   |
|                                    |  |                        |   | 1350.00   |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                           | FOR LINE NUMBER: PAGE 43 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----------|---|---|--|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the | statements may not be sold or used by any perso<br>name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                  |   |  |
| Α.       | Full Name (Last, First, Middle Initial)  Mr. Ray Stover  Mailing Address 515 Quarter Street     |   | Date of Receipt  |
|          |   |   | 06 02 2009   |
|          | City<br>Gladwin   | State Zip Code MI 48624-1959  | Transaction ID: 17240686  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.                                      | C   | 600.00   |
|          | Name of Employer<br>MidMichigan Medical Cente-<br>r-Gladwin                                     | Occupation Executive Vice President   |  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 600.00   |  |
| -<br>В.  | Full Name (Last, First, Middle Initial)<br>Mr. Douglas Strong                                   |   | Date of Receipt  |
|          | Mailing Address 1500 East Medical Cer   | 06 02 2009  |  |
|          | City  | State Zip Code  | Transaction ID: 17240687   |
|          | Ann Arbor  FEC ID number of contributing federal political committee.                           | MI 48109-0999   | Amount of Each Receipt this Period  500.00   |
|          | Name of Employer<br>University of Michigan Ho-<br>spitals and H                                 | Occupation Chief Executive Officer  |  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |  |
| с.<br>С. | Full Name (Last, First, Middle Initial)<br>Mr. Dennis A Swan                                    |   | Date of Receipt  |
|          | Mailing Address 3741 Chippendale  |   | 06 02 2009   |
|          | City  | State Zip Code  | Transaction ID: 17240688   |
|          | Okemos  FEC ID number of contributing federal political committee.                              | MI 48864-3861   | Amount of Each Receipt this Period 500.00  |
|          | Name of Employer<br>Sparrow Hospital  | Occupation President and Chief Executive Officer  |  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |  |
|          | SUBTOTAL of Receipts This Page (optional)   |   | 1600.00  |
| f        | TOTAL This Period (last page this line number   | · · · · · · · · · · · · · · · · · · ·   |  |

|                 | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate sc<br>for each category<br>Detailed Summa                | y of the (Check only one)   |
|-----------------|---|---|---|
| 0               | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>American Hospital Association PAC | atements may not be sold or used<br>name and address of any political | d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
| ∠<br><b>.</b> . | Full Name (Last, First, Middle Initial) Mr. Joseph R Swedish Mailing Address 50767 Drakes Bay Driv  | е   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                 | City  | State Zip Code  | Transaction ID: 17240690  |
|                 | Novi FEC ID number of contributing  | MI 48374-2546   | Amount of Each Receipt this Period  |
|                 | federal political committee.  | C   | 250.00  |
|                 | Name of Employer<br>Trinity Health  | Occupation President and Chief Execu                                  | utive Officer   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  | 250.00  |
| <br>3.          | Full Name (Last, First, Middle Initial) Mr. Joseph M Tasse, , FACHE Mailing Address 27351 Dequindre   |   | Date of Receipt   |
|                 | <u> </u>  | State 7in Code  | 06 02 2009  |
|                 | City<br>Madison Heights   | State Zip Code MI 48071-3487  | Transaction ID: 17240691  Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C   | 250.00  |
|                 | Name of Employer<br>St. John Macomb-Oakland<br>Hospital, Oakl   | Occupation President  |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  | 250.00  |
| _               | Full Name (Last, First, Middle Initial)<br>Mr. Mark R Taylor  |   | Date of Receipt   |
|                 | Mailing Address 16 Dodge Place  |   | 0 6 0 2 2 0 0 9   |
|                 | City  | State Zip Code  | Transaction ID: 17240692  |
|                 | Grosse Pointe   | MI 48230-1939   | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C   | 500.00  |
|                 | Name of Employer<br>Genesys Health System   | Occupation President  |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  | 500.00  |
|                 | SUBTOTAL of Receipts This Page (optional)   |   | 1000.00   |

| ITEMIZED  | E A (FEC Form 3X)<br>RECEIPTS                              |                               | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 45 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11            |
|---|--|-------------------------------|--|---|
| or for commercia                                | I purposes, other than using the                           | tatements may<br>name and add | r not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \ \   | DMMITTEE (In Full) Iospital Association PAC                |                               |  |   |
| Mr. Kevin B. T                                  | ast, First, Middle Initial) compkins ss 8110 Cotswold Lane |                               |  | Date of Receipt   |
|   | 55 6110 Colswold Latte                                     | Ctata                         | 7'n Oada   | 06 02 2009  |
| City<br><u>Clarkston</u>                        |  | State<br>MI                   | Zip Code<br>48348-4363   | Transaction ID: 17240693  Amount of Each Receipt this Period                                |
| •   | per of contributing<br>al committee.                       | С                             |  | 375.00  |
| Name of Emp<br>McLaren Hea<br>ration            | loyer<br>Ith Care Corpo-                                   | Occupation Vice Pres          |  |   |
| Receipt For: Primary Other (s                   | General  specify) ▼  | Aggregate                     | Year-to-Date ▼ 375.00  |   |
| Mr. Stanley To                                  |  |                               |  | Date of Receipt   |
| Mailing Addre                                   | ss One Denso Road  |                               |  | 06 02 2009  |
| City  | ı.   | State                         | Zip Code   | Transaction ID: 17240694  |
| Battle Cree<br>FEC ID numb<br>federal political | er of contributing   | C                             | 49037-7313   | Amount of Each Receipt this Period 250.00   |
| Name of Emp<br>Southwest Re<br>litation Cent    | lloyer<br>egional Rehabi-                                  | Occupation<br>President       | n<br>t and CEO   |   |
| Receipt For: Primary Other (s                   | General specify) ▼   | Aggregate                     | Year-to-Date ▼ 250.00  |   |
| Full Name (La<br>Mrs. Patti Van                 | ast, First, Middle Initial)<br>Dort                        |                               |  | Date of Receipt   |
| Mailing Addre                                   | ss 2629 Floral Drive                                       |                               |  | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  |  | State                         | Zip Code   | Transaction ID: 17240697  |
| Zeeland FEC ID numb federal politic             | er of contributing<br>al committee.                        | C                             | 49464-9107   | Amount of Each Receipt this Period 250.00   |
| Name of Emp<br>Holland Hosp                     | loyer<br>ital  | Occupation VP Nursi           |  |   |
| Receipt For: Primary Other (s                   | General  pecify) ▼   |                               | Year-to-Date ▼ 250.00  |   |
| SUBTOTAL of                                     |  | <u> </u>                      |  | 875.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  d Statements may not be sold or used by any person | FOR LINE NUMBER: PAGE 46 / 162 (check only one)    X |
|--|---|--|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC | the name and address of any political committee to s  | olicit contributions from such committee.            |
| Full Name (Last, First, Middle Initial) Mr. Alan Vanarsdal   |   | Date of Receipt                                      |
| Mailing Address 6160 Fox Glen Drive  | 9   | 06 02 2009   |
| City   | State Zip Code  | Transaction ID: 17240698                             |
| Saginaw  | MI 48638-4337   | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.   | C   | 250.00   |
| Name of Employer<br>Covenant Medical Center  | Occupation Director, Human Resources  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  250.00  |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Brook Ward  |   | Date of Receipt                                      |
| Mailing Address 26403 CR 375   |   | 0 6 0 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y        |
| City   | State Zip Code  | Transaction ID: 17240700                             |
| Mattawan   | MI 49071  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.   | C   | 300.00   |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.  | Occupation Executive Director   |  |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 300.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Patrick R Wardell   |   | Date of Receipt                                      |
| Mailing Address One Hurley Plaza   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City   | State Zip Code  | Transaction ID: 17240701                             |
| <u>Flint</u>   | MI 48503-5902   | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.   | C   | 500.00   |
| Name of Employer<br>Hurley Medical Center  | Occupation President and Chief Executive Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00   |  |
| SUBTOTAL of Receipts This Page (optional   | )   | 1050.00  |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                     | FOR LINE NUMBER: PAGE 47 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11         |
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| Any information copied from such Reports and S or for commercial purposes, other than using the  | tatements may not be sold or used by any persor<br>name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC                                    |   |  |
| Full Name (Last, First, Middle Initial) Mr. Joseph A Wasserman                                   |   | Date of Receipt  |
| Mailing Address 1009 St. Joseph Drive  City  | State Zip Code  | 0 6 0 2 2 0 0 9<br>Transaction ID: 17240702  |
| Saint Joseph   | MI 49085-2533   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                       | C   | 250.00   |
| Name of Employer Lakeland Regional Health System Receipt For:  Primary General Other (specify) ▼ | Occupation President and Chief Executive Officer  Aggregate Year-to-Date   250.00                 |  |
| Full Name (Last, First, Middle Initial) Mr. Sam R. Watson Mailing Address 1040 F. Mill Street    |   | Date of Receipt  |
| Mailing Address 1240 E. Mill Street  |   | 06 02 2009   |
| City   | State Zip Code  | Transaction ID: 17240703   |
| Hastings   | MI 49058-9185   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                       | C   | 750.00   |
| Name of Employer<br>Michigan Health & Hospital<br>Association                                    | Occupation Associate Executive Director   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 750.00   |  |
| Full Name (Last, First, Middle Initial) . Mr Douglas D Welday                                    |   | Date of Receipt  |
| Mailing Address 32468 Sandstone Ct.  |   | 06 02 7 2009   |
| City   | State Zip Code  | Transaction ID: 17240704   |
| Farmington Hills   | MI 48334-4321   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                       | C   | 250.00   |
| Name of Employer<br>Oakwood Healthcare, Inc.   | Occupation Chief Financial Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00   |  |
| SUBTOTAL of Receipts This Page (optional)  |   | 1250.00  |
| TOTAL This Period (last page this line number  |   |  |

|         | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 48 / 162 (check only one)    X  |
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| A<br>0  | for commercial purposes, other than using the  | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                             |  |   |
| ١.      | Full Name (Last, First, Middle Initial) Mr. Tim Wenzel Mailing Address 555 Northyiew Drive |  | Date of Receipt   |
|         |  |  | 06 02 2009  |
|         | City<br>Frankenmuth  | State Zip Code MI 48734-9304   | Transaction ID: 17240705  Amount of Each Receipt this Period                                |
|         | FEC ID number of contributing federal political committee.                                 | C  | 350.00  |
|         | Name of Employer<br>Covenant Medical Center  | Occupation Director of Human Resources   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00  |   |
| -<br>s. | Full Name (Last, First, Middle Initial)<br>Mr. Scott Wilkerson                             |  | Date of Receipt   |
|         | Mailing Address 4094 Breakwater Dr.  |  | 06 02 7 7 7 7 7   |
|         | City   | State Zip Code   | Transaction ID: 17240706  |
|         | Okemos  FEC ID number of contributing federal political committee.                         | MI 48864-4410  | Amount of Each Receipt this Period  375.00  |
|         | Name of Employer<br>Sparrow Health System  | Occupation President, Physicians Health Plan   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 375.00  | ]   |
|         | Full Name (Last, First, Middle Initial)<br>Mr. Samuel Yamin                                |  | Date of Receipt   |
|         | Mailing Address 5532 Lakeview Dr.  |  | 06 02 2009  |
|         | City   | State Zip Code   | Transaction ID: 17240708  |
|         | Bloomfield  FEC ID number of contributing federal political committee.                     | MI 48302-2728  | Amount of Each Receipt this Period  250.00  |
|         | Name of Employer<br>Beaumont Hospital - Royal<br>Oak                                       | Occupation<br>Trustee  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)  | 1  | 975.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS                             | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 49 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11 |
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| or for commercial purposes, other than using                          | d Statements may not be sold or used by any persor<br>the name and address of any political committee to | for the purpose of soliciting contributions                                      |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC        | ;  |  |
| Full Name (Last, First, Middle Initial) Ms. Mary Zatina               |  | Date of Receipt  |
| Mailing Address 605 Chicago Boulev                                    |  | 06 02 2009   |
| City<br>Detroit   | State Zip Code MI 48202-1414   | Transaction ID: 17240709  Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.            | C  | 250.00   |
| Name of Employer<br>Oakwood Healthcare, Inc.                          | Occupation SVP, Gov't Rel, Corp Planning & Com   | -<br>umun  |
| Receipt For:  Primary General  Other (specify) ▼                      | Aggregate Year-to-Date ▼  250.00   |  |
| Full Name (Last, First, Middle Initial) Mr. Eric P Norwood            |  | Date of Receipt  |
| Mailing Address 2701 North Decatur                                    | Road   | 06 02 7 9 2009   |
| City  | State Zip Code   | Transaction ID: 17240857   |
| Decatur   | GA 30033-5918  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.            | C  | 250.00   |
| Name of Employer<br>DeKalb Medical Center                             | Occupation President and Chief Executive Officer   |  |
| Receipt For:  Primary General  Other (specify) ▼                      | Aggregate Year-to-Date ▼  250.00   |  |
| Full Name (Last, First, Middle Initial) Mr. Gene B Wright             |  | Date of Receipt  |
| Mailing Address P O Box 1059  |  | 06 02 4 2009   |
| City  | State Zip Code   | Transaction ID: 17240873   |
| Thomaston  FEC ID number of contributing federal political committee. | GA 30286-0027  | Amount of Each Receipt this Period 250.00  |
| Name of Employer Upson Regional Medical Ce-                           | Occupation Chief Executive Officer   |  |
| nter<br>Receipt For:  | Aggregate Year-to-Date ▼   | 1  |
| Primary General Other (specify) ▼                                     | 250.00   |  |
| SUBTOTAL of Receipts This Page (optional                              | )  | 750.00   |
| TOTAL This Period (last page this line numb                           | <u> </u>   |  |

|         | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                       | FOR LINE NUMBER: PAGE 50 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 11             |
|---------|---|---|---|
| Ai      | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perse name and address of any political committee t | son for the purpose of soliciting contributions to solicit contributions from such committee. |
|         | American Hospital Association PAC   |   |   |
| ۸.      | Full Name (Last, First, Middle Initial)<br>Mr. James E. May   |   | Date of Receipt   |
|         | Mailing Address 731 Elm Ave.  |   | 06 03 2009  |
|         | City Terrace Park   | State Zip Code OH 45174-1203  | Transaction ID: 17241379  |
|         | FEC ID number of contributing federal political committee.  | C +5174-1255  | Amount of Each Receipt this Period  250.00  |
|         | Name of Employer<br>Mercy Hospital Anderson   | Occupation President & Chief Executive Officer  |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00   |   |
| -<br>3. | Full Name (Last, First, Middle Initial)<br>Mr. Thomas E Cecconi   |   | Date of Receipt   |
|         | Mailing Address 1320 Mercy Drive NW   |   | 06 03 2009  |
|         | City  | State Zip Code  | Transaction ID: 17241386  |
|         | Canton  | OH 44708-2614   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   | 250.00  |
|         | Name of Employer<br>Mercy Medical Center  | Occupation President and Chief Executive  |   |
|         | Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 250.00   |   |
| _       | Full Name (Last, First, Middle Initial) Ms. Mandy C Goble   | 1   | Date of Receipt   |
|         | Mailing Address 205 Palmer Avenue   |   | 06 03 2009  |
|         | City  | State Zip Code  | Transaction ID: 17241943  |
|         | Bellefontaine FEC ID number of contributing federal political committee.  | OH 43311-2298   | Amount of Each Receipt this Period 250.00   |
|         | Name of Employer<br>Mary Rutan Hospital   | Occupation President and Chief Executive Office   | er  |
|         | Receipt For:  Primary General Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00   |   |
| s       | SUBTOTAL of Receipts This Page (optional) .   |   | 750.00  |
|         | OTAL This Period (last page this line numbe   | r only)   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 51/162   (check only one)   |
|--|-------------------------|---|---|
| Any information copied from such Reports at or for commercial purposes, other than using | nd Statements may       | y not be sold or used by any perso  | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PA                            | <u> </u>                | 2000 C. W.) PONICE CO   |   |
| Full Name (Last, First, Middle Initial) Mr. Francisco J Perez, , FACHE                   |                         |   | Date of Receipt   |
| Mailing Address 3965 Southern Bou  | ılevard                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>Dayton   | State<br>OH             | Zip Code<br>45429-1229  | Transaction ID: 17242078  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                               | C                       |   | 250.00  |
| Name of Employer<br>Kettering Health Network   | Occupation Network      | n<br>Chief Executive Officer  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate               | Year-to-Date ▼ 250.00   |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Troy A. Tyner, DO                         |                         |   | Date of Receipt   |
| Mailing Address 1181 Grand Portag  | je Trail                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>Beavercreek  | State<br>OH             | Zip Code<br>45385   | Transaction ID: 17242169  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                               | C                       | 40000   | 250.00  |
| Name of Employer<br>Grandview Medical Center   | Occupation<br>Interim V | n<br>'.P. Medical Affairs   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate               | Year-to-Date ▼ 250.00   |   |
| Full Name (Last, First, Middle Initial) Mr. J. Michael Horsley                           |                         |   | Date of Receipt   |
| Mailing Address 8107 Henslow Cou   | rt                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                   | Zip Code  | Transaction ID: 17246154  |
| Montgomery  FEC ID number of contributing federal political committee.                   | C                       | 36117-7475  | Amount of Each Receipt this Period  |
| Name of Employer<br>Alabama Hospital Associat-<br>ion                                    | Occupation Presiden     | n<br>t and Chief Executive Office   | <u> </u>  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate               | Year-to-Date ▼  |   |
|  | <u> </u>                |   | 1500.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 52 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|--|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may not be sold or used by any persor<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                           |  |  |
| Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs                           |  | Date of Receipt  |
| Mailing Address 23 E. Delaware Ave   | nue State Zip Code   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Pennington   | NJ 08534-2302  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                               | C  | 5.00   |
| Name of Employer<br>New Jersey Hospital Assoc-<br>iation                                 | Occupation General Counsel   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 305.00  |  |
| Full Name (Last, First, Middle Initial) Mr. Bruce Schwartz                               |  | Date of Receipt  |
| Mailing Address 39 Sheldon Street  |  | 06 05 7 2009   |
| City   | State Zip Code   | Transaction ID: 17248478   |
| Ardsley  | NY 10502-2504  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                               | C  | 500.00   |
| Name of Employer<br>Montefiore Medical Center  | Occupation Executive Vice Chair Psychiatry   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00  |  |
| Full Name (Last, First, Middle Initial) Mr. Jack Ludmir                                  |  | Date of Receipt  |
| Mailing Address 800 Spruce Street  |  | 06 05 7 9 9 9  |
| City   | State Zip Code   | Transaction ID: 17248523   |
| <u>Philadelphia</u>  | PA 19107-6130  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                               | C  | 350.00   |
| Name of Employer<br>Pennsylvania Hospital  | Occupation Chair, Obstetrics & Gynecology  |  |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 350.00  |  |
| Curer (specify) ¥  |  |  |
| SUBTOTAL of Receipts This Page (optional   | )  | 855.00   |
| TOTAL This Period (last page this line numl  | per only)  |  |

|    | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                        | FOR LINE NUMBER: PAGE 53 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 1             |
|----|--|--|---|
|    | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | atements may not be sold or used by any pers<br>name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | Full Name (Last, First, Middle Initial) Ms. Patricia A. Warner, MPH  Mailing Address 1500 East Medical Ctr. D5202 MPB, Box 0718                                | Drive  | Date of Receipt  0 6 0 5 2 0 0 9  |
|    | City   | State Zip Code   | Transaction ID: 17248537  |
|    | Ann Arbor  | MI 48109-0001  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C  | 350.00  |
|    | Name of Employer University of Michigan Hospitals and H Receipt For: Primary General Other (specify)   | Occupation Assoc. Director and Administrator Aggregate Year-to-Date   350.00                   |   |
| 3. | Full Name (Last, First, Middle Initial) Mr. Michael K Winthrop  Mailing Address P O Box 8004   |  | Date of Receipt   |
|    | City   | State Zip Code   | 06 05 2009  |
|    | Bellevue   | OH 44811-8004  | Transaction ID: 17248553  Amount of Each Receipt this Period                                |
|    | FEC ID number of contributing federal political committee.   | C  | 350.00  |
|    | Name of Employer<br>Bellevue Hospital  | Occupation President   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00  |   |
| _  | Full Name (Last, First, Middle Initial)<br>Mrs. Janet Stanek   |  | Date of Receipt   |
|    | Mailing Address 6755 SW Dancaster Ro   | pad  | 06 05 YYYYY<br>2009   |
|    | City   | State Zip Code   | Transaction ID: 17248558  |
|    | Topeka FEC ID number of contributing federal political committee.  | KS 66610-1412  | Amount of Each Receipt this Period  1000.00   |
|    | Name of Employer<br>Stormont-Vail HealthCare   | Occupation Sr. Vice President  |   |
|    | Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 1000.00   |   |
|    | SUBTOTAL of Receipts This Page (optional)  |  | 1700.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | FOR LINE NUMBER: PAGE 54 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any persone name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                  |  |  |
| Full Name (Last, First, Middle Initial) Mr. Richard Paul  |  | Date of Receipt  |
| Mailing Address 502 East Second Stree   |  | 06 05 2009   |
| City<br>Duluth  | State Zip Code MN 55805-1982   | Transaction ID: 17248587  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                      | C  | 350.00   |
| Name of Employer<br>SMDC Medical Center   | Occupation Director of Behavioral Health   | _  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00  |  |
| Full Name (Last, First, Middle Initial) Mr. Fred Gattas, Jr.                                    |  | Date of Receipt  |
| Mailing Address 5000 Summer Ave.  |  | 06 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State Zip Code   | Transaction ID: 17248589   |
| Memphis   | TN 38122-4335  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                      | C  | 350.00   |
| Name of Employer<br>St. Jude Children's Resea-<br>rch Hospital                                  | Occupation Trustee   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00  |  |
| Full Name (Last, First, Middle Initial) Mr. David R Lincoln                                     |  | Date of Receipt  |
| Mailing Address 420 Bedford Street  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State Zip Code   | Transaction ID: 17248591   |
| Lexington  FEC ID number of contributing federal political committee.                           | MA 02420-1508  | Amount of Each Receipt this Period 350.00  |
| Name of Employer<br>Covenant Health Systems,  | Occupation President and Chief Executive Officer   | _  |
| Inc.<br>Receipt For:  | Aggregate Year-to-Date ▼   | _  |
| Primary General Other (specify) ▼   | 350.00   |  |
| CUPTOTAL of Descipts This Desc (entianel)   |  | 1050.00  |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number        | <u> </u>   |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 55 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11         |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using         | d Statements may not be sold or used by any person<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                    | :  |  |
| Full Name (Last, First, Middle Initial) Mr. J Alex Valdez, , JD                                   |  | Date of Receipt  |
| Mailing Address P O Box 2107  | State Zip Code   | 06 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>Santa Fe  | NM 87504-2107  | Transaction ID: 17248618  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.  | C  | 250.00   |
| Name of Employer St. Vincent Regional Medical Center Receipt For: Primary General Other (specify) | Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  250.00                                     |  |
| Full Name (Last, First, Middle Initial)  Ms. Janet Carbary  |  | Date of Receipt  |
| Mailing Address 2430 West Pierce S  | treet  | 06 05 7 2009   |
| City  | State Zip Code   | Transaction ID: 17248623   |
| Carlsbad  | NM 88220-3553  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 250.00   |
| Name of Employer<br>Carlsbad Medical Center   | Occupation Chief Executive Officer   |  |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 250.00  |  |
| Full Name (Last, First, Middle Initial) Mr. Robert A Garcia                                       |  | Date of Receipt  |
| Mailing Address P O Box 26666   |  | 06 05 7 2009   |
| City  | State Zip Code   | Transaction ID: 17248628   |
| Albuquerque   | NM 87125-6666  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 250.00   |
| Name of Employer<br>Presbyterian Healthcare<br>Services   | Occupation Vice President  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 250.00   |  |
| SUBTOTAL of Receipts This Page (optional  |  | 750.00   |
| TOTAL This Period (last page this line numb   | <u> </u>   |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 56 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 1          |
|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC  | statements may not be sold or used by any person<br>r name and address of any political committee to                           | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. David C. Gessel, J.D.  Mailing Address 2180 S. 1300 East #440  City SLC  FEC ID number of contributing federal political committee.  Name of Employer UHA, Utah Hospitals & Health Systems A  Receipt For:  Primary General Other (specify) | State Zip Code UT 84106-2813  C  Occupation Vice President, Government Relation Aggregate Year-to-Date  350.00                 | Date of Receipt  M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Full Name (Last, First, Middle Initial) Mr. Brian A Gragnolati, , FACHE Mailing Address 4716 Chevy Chase Bo  City Chevy Chase  FEC ID number of contributing federal political committee.  Name of Employer Suburban Hospital  Receipt For: Primary General Other (specify)             | ulevard  State Zip Code  MD 20814-1422  C  Occupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  255.00 | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Full Name (Last, First, Middle Initial)  Ms. Christine R Wray  Mailing Address 22302 Bretmar Drive  City  Leonardtown  FEC ID number of contributing federal political committee.  Name of Employer St. Mary's Hospital  Receipt For:  Primary General  Other (specify)                 | State Zip Code MD 20650-2228  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  510.00               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| SUBTOTAL of Receipts This Page (optional)   |  | 1115.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                     | FOR LINE NUMBER:   |
|--|---|--|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may not be sold or used by any person g the name and address of any political committee to s | for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PA                          | AC  |  |
| Full Name (Last, First, Middle Initial) Mr. William L Anderson                         |   | Date of Receipt  |
| Mailing Address 11175 Cicero Driv  | e, Suite 300  | 0 6 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City   | State Zip Code  | Transaction ID: 17256406   |
| Alpharetta   | GA 30022-1166   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                             | C   | 500.00   |
| Name of Employer<br>Regency Hospital Company   | Occupation President and Chief Executive Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼ 500.00   |  |
| Full Name (Last, First, Middle Initial) Ms. Patricia M. Currie, FACHE                  |   | Date of Receipt  |
| Mailing Address 2401 S 31st St   |   | 0 6 1 0 2 0 0 9  |
| City   | State Zip Code  | Transaction ID: 17256407   |
| Temple   | TX 76508-0001   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                             | C   | 500.00   |
| Name of Employer<br>Scott and White Memorial<br>Hospital                               | Occupation Chief of Hospital Services   |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼ 500.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Andrew L Wilson                         |   | Date of Receipt  |
| Mailing Address 1308 Bayview Ct.   |   | 06 10 2009   |
| City   | State Zip Code  | Transaction ID: 17256408   |
| <u>Bismarck</u>  | ND 58504-7086   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                             | C   | 500.00   |
| Name of Employer<br>St. Alexius Medical Center   | Occupation President and Chief Executive Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼ 500.00   |  |
| SUBTOTAL of Receipts This Page (option   | nal)  | 1500.00  |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                   | FOR LINE NUMBER: PAGE 58 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11         |
|--|---|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA | nd Statements may not be sold or used by any person<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Mitch Leupp Mailing Address P O Box 399  City  | State Zip Code  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                         |
| Stanley  FEC ID number of contributing federal political committee.  | ND 58784-0399   | Amount of Each Receipt this Period 435.00  |
| Name of Employer Mountrail County Medical Center Receipt For:  Primary  General  Other (specify) ▼   | Occupation Administrator  Aggregate Year-to-Date   435.00   |  |
| Full Name (Last, First, Middle Initial) Ms. Kris A Doody, , R.N. Mailing Address 163 Van Buren Roa   | nd, Suite 1   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| City   | State Zip Code  | Transaction ID: 17256415   |
| <u>Caribou</u>   | ME 04736-3567   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 350.00   |
| Name of Employer<br>Cary Medical Center  | Occupation Chief Executive Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Michael E Henze   |   | Date of Receipt  |
| Mailing Address 54 Hospital Drive  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City   | State Zip Code  | Transaction ID: 17256426   |
| Osage Beach FEC ID number of contributing federal political committee.   | MO 65065-3050   | Amount of Each Receipt this Period  600.00   |
| Name of Employer<br>Lake Regional Health Syst-<br>em   | Occupation Chief Executive Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 600.00   |  |
|  | l)  | 1385.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 59 / 162 (check only one)    X                 |
|--|---------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | Statements ma<br>e name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                       |
| Full Name (Last, First, Middle Initial) Mr. Michael R. Dunaway Mailing Address 15081 Linden Lane City Leawood  | State<br>KS                     | Zip Code<br>66224-3412  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |
| FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Association  Receipt For:  Primary General                      | <del></del>                     | n<br>P, Field Operations<br>• Year-to-Date ▼                                  | 350.00   |
| Full Name (Last, First, Middle Initial) Mr. Paul A Hanson Mailing Address P O Box 1210  City Watertown   | State<br>SD                     | Zip Code<br>57201-6210  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |
| FEC ID number of contributing federal political committee.  Name of Employer Prairie Lakes Healthcare System  Receipt For:  Primary General  Other (specify)   | <del>, '</del>                  | n<br>ecutive Officer<br>e Year-to-Date ▼                                      | 500.00   |
| Full Name (Last, First, Middle Initial)  Mr. John T Porter  Mailing Address 3900 West Avera Driv Suite 301   | /e                              |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |
| City Sioux Falls FEC ID number of contributing federal political committee.  | State<br>SD                     | Zip Code<br>57108-5729  | Transaction ID: 17256470  Amount of Each Receipt this Period  250.00 |
| Name of Employer Avera Health  Receipt For:  □ Primary □ General  Other (specify) ▼  |                                 | n<br>t and Chief Executive Officer<br>e Year-to-Date ▼<br>425.00              |  |
| SUBTOTAL of Receipts This Page (optional) .  |                                 |   | 1100.00  |

|                                 | LE A (FEC Form 3X) D RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 60 / 162 (check only one)    X  |
|---------------------------------|---|---|---|---|
| or for commer                   | on copied from such Reports and S<br>cial purposes, other than using the<br>COMMITTEE (In Full)<br>n Hospital Association PAC | tatements ma<br>name and ad                         | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Ms. Pamela Mailing Ad           | (Last, First, Middle Initial)<br>a J Rezac<br>dress 501 Summit Avenue   |   |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                    |
| City                            |   | State   | Zip Code  | Transaction ID: 17256483  |
|                                 | mber of contributing itical committee.  | SD  | 57078-3855  | Amount of Each Receipt this Period  250.00  |
| <u>al</u><br>Receipt Fo<br>Prim |   | <del>, '                                     </del> | n<br>President<br>e Year-to-Date ▼<br>250.00                                  |   |
| Mr. David F                     | (Last, First, Middle Initial)<br>R. Hewett<br>dress 5813 Tomar Road   |   |   | Date of Receipt  0 6 1 0 2 0 0 9  |
| City                            |   | State   | Zip Code  | Transaction ID: 17256498  |
| Sioux Fa                        | lls   | SD  | 57108-4661  | Amount of Each Receipt this Period  |
|                                 | mber of contributing itical committee.  | C   |   | 500.00  |
| <u>althcare O</u>               | ota Assoc. of He-<br>rga  |   | t & Chief Executive Officer   |   |
| Receipt Fo                      |   | Aggregate   | e Year-to-Date ▼ 500.00   | ]   |
| Full Name<br>Ms. Kathlee        | (Last, First, Middle Initial)<br>en Dunn  |   |   | Date of Receipt   |
| Mailing Ad                      | dress 700 South Second Stre   | eet   |   | 0 6 1 0 Y Y Y Y Y Y Y   |
| City                            |   | State   | Zip Code  | Transaction ID: 17256503  |
| <u>Springfie</u>                | ld  | <u>IL</u>   | 62704-2516  | Amount of Each Receipt this Period  |
|                                 | mber of contributing itical committee.  | C   |   | 1000.00   |
| <u>tion</u>                     | spital Associa-   |   | t VP, Gov't Relations   |   |
| Receipt Fo                      |   | Aggregate   | e Year-to-Date ▼<br>1000.00   |   |
|                                 | of Receipts This Page (optional)  | <u>I</u>  |   | 1750.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                       | FOR LINE NUMBER: PAGE 61 / 162 (check only one)  X 11a 11b 11c 12                                    |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any person the name and address of any political committee to | 13 14 15 16 n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC                                 | · · · · · · · · · · · · · · · · · · ·   |  |
| Full Name (Last, First, Middle Initial) Mr. Kevin R. England                                  |   | Date of Receipt  |
| Mailing Address 1800 Grist Mill Drive   | Ctata 7in Cada  | 0 6 1 0 2 0 0 9 2 0 0 9  |
| City<br>Springfield   | State Zip Code IL 62711-8113  | Transaction ID: 17256504  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C   | 800.00   |
| Name of Employer<br>Memorial Health System  | Occupation Vice President, Business Developmen  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 800.00   |  |
| Full Name (Last, First, Middle Initial) Dr. Anil Godbole, MD., S.C.                           |   | Date of Receipt  |
| Mailing Address 1893 Mission Hills La   | ine   | 06 10 2009   |
| City  | State Zip Code  | Transaction ID: 17256521   |
| Northbrook  | IL 60062-5760   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | С   | 250.00   |
| Name of Employer<br>Advocate Bethany Hospital   | Occupation Chairman, Dept. of Psychiatry  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Forrest G Hester                               |   | Date of Receipt  |
| Mailing Address Post Office Box 569   |   | 06 10 2009   |
| City  | State Zip Code  | Transaction ID: 17256522   |
| Lincoln  FEC ID number of contributing federal political committee.                           | IL 62656-0569   | Amount of Each Receipt this Period  250.00   |
| Name of Employer<br>Abraham Lincoln Memorial<br>Hospital                                      | Occupation President and Chief Executive Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00   |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 1300.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                              | FOR LINE NUMBER: PAGE 62 / 162 (check only one)    X   11a  |
|--|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC   | tatements may not be sold or used by any personame and address of any political committee to               | on for the purpose of soliciting contributions solicit contributions from such committee.                                   |
| Full Name (Last, First, Middle Initial) Dr. John Jurica, , M.D.  Mailing Address 350 North Wall Street  City Kankakee  FEC ID number of contributing federal political committee.  Name of Employer Riverside Medical Center  Receipt For: Primary General Other (specify)                 | State Zip Code IL 60901-2901  C  Occupation Vice President Medical Affairs  Aggregate Year-to-Date  250.00 | Date of Receipt  M M M D D D 2009  Transaction ID: 17256524  Amount of Each Receipt this Period  250.00                     |
| Full Name (Last, First, Middle Initial) Mr. Phillip M Kambic  Mailing Address 350 North Wall Street  City Kankakee  FEC ID number of contributing federal political committee.  Name of Employer Riverside Medical Center  Receipt For: Primary General Other (specify)                    | State Zip Code IL 60901-2901  C  Occupation Chief Executive Officer  Aggregate Year-to-Date  250.00        | Date of Receipt  M M M / D D / 2009  Transaction ID: 17256525  Amount of Each Receipt this Period  250.00                   |
| Full Name (Last, First, Middle Initial) Mr. Michael T McManus  Mailing Address 129 North Eighth Stree  City  East Saint Louis  FEC ID number of contributing federal political committee.  Name of Employer Kenneth Hall Regional Hospital  Receipt For:  Primary General  Other (specify) | State Zip Code IL 62201-2917  C  Occupation Chief Operating Officer Aggregate Year-to-Date  250.00         | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 10 2009  Transaction ID: 17256538  Amount of Each Receipt this Period  250.00 |
| SUBTOTAL of Receipts This Page (optional)  |  | 750.00  |

|                 | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | for each c   | ate schedule(s)<br>ategory of the<br>ummary Page | FOR LINE NUMBER: PAGE 63 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|-----------------|---|--|--|--|
| A               | ny information copied from such Reports and St<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>American Hospital Association PAC | atements may not be sold on<br>the name and address of any p | or used by any persor<br>olitical committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| ∠<br><b>A</b> . | Full Name (Last, First, Middle Initial) Mr. Doug Rahn Mailing Address 701 North First Street  |  |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
|                 | City  | State Zip Code   |  | Transaction ID: 17256541   |
|                 | Springfield   | IL 62781-0   | 001  | Amount of Each Receipt this Period   |
|                 | FEC ID number of contributing federal political committee.  | C  |  | 250.00   |
|                 | Name of Employer<br>Memorial Health System  | Occupation Chief Operating Office                            | cer  |  |
|                 | Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date                                       | 250.00   |  |
|                 | Full Name (Last, First, Middle Initial)<br>Ms. Pat Shehorn  |  |  | Date of Receipt  |
|                 | Mailing Address 1225 W. Lake Street   |  |  | 0 6 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                 | City  | State Zip Code   | e  | Transaction ID: 17256544   |
|                 | Melrose Park  FEC ID number of contributing federal political committee.  | IL 60160   |  | Amount of Each Receipt this Period   |
|                 | Name of Employer<br>Westlake Hospital   | Occupation Chief Executive Office                            | cer  |  |
|                 | Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date                                       | 1000.00  |  |
|                 | Full Name (Last, First, Middle Initial)<br>Mr Paul M Teodo  |  |  | Date of Receipt  |
|                 | Mailing Address 852 West Street   |  |  | 06 10 2009   |
|                 | City  | State Zip Code   |  | Transaction ID: 17256545   |
|                 | Naperville FEC ID number of contributing federal political committee.   | IL 60540-6   | 400  | Amount of Each Receipt this Period 250.00  |
|                 | Name of Employer<br>Linden Oaks Hospital at<br>Edward   | Occupation Chief Operating Office                            | cer  |  |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date                                       | 250.00   |  |
| Γ,              | SUBTOTAL of Receipts This Page (optional)   |  |  | 1500.00  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 64 / 162 (check only one)  X 11a 11b 11c 12                        |
|---------|--|--------------------------------|---|--|
|         | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| 2       | American Hospital Association PAC  Full Name (Last, First, Middle Initial)   |                                |   |  |
| Δ.      | Mr. Harry Wolin  Mailing Address P O Box 530   |                                |   | Date of Receipt  0 6 1 0 2 0 0 9   |
|         | City<br><u>Havana</u>  | State<br>IL                    | Zip Code<br>62644-0530  | Transaction ID: 17256546  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.   | C                              |   | 800.00   |
|         | Name of Employer<br>Mason District Hospital  | Occupation Administration      | n<br>trator and Chief Executive Of  | fi   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 800.00   |  |
| -<br>3. | Full Name (Last, First, Middle Initial) Mr. Dan J Woods  |                                |   | Date of Receipt  |
|         | Mailing Address 503 N. Maple   |                                |   | 06 10 7 2009   |
|         | City<br>Effingham  | State                          | Zip Code<br>62401   | Transaction ID: 17256547   |
|         | FEC ID number of contributing federal political committee.   | C                              | 02401   | Amount of Each Receipt this Period  800.00   |
|         | Name of Employer<br>St. Anthony's Memorial Ho-<br>spital   | Occupation<br>Executiv         | <sub>n</sub><br>e Vice President and Adminis                              | str  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date  800.00  |  |
| -<br>). | Full Name (Last, First, Middle Initial)<br>Mr. Edward M Goldberg   | _                              |   | Date of Receipt  |
|         | Mailing Address 1555 Barrington Road   | i                              |   | 06 10 / Y Y Y Y Y Y Y  |
|         | City<br>Hoffman Estates  | State<br>IL                    | Zip Code<br>60194-1018  | Transaction ID: 17256559  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.   | C                              | 00134-1010  | 1000.00  |
|         | Name of Employer<br>St. Alexius Medical Center   | Occupation Presiden            | n<br>it and Chief Executive Officer                                       |  |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>1000.00   |  |
|         | SUBTOTAL of Receipts This Page (optional) .  |                                |   | 2600.00  |
| Ī       | TOTAL This Period (last page this line number  | r only)                        | <b>&gt;</b>   |  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 65 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11          |
|--|--|---|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Hospital Association PA | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  Ms. Thomasine Kennedy  Mailing Address 2714 N.D. 41 & 50  City  | ) State Zip Code   | Date of Receipt    M  |
| Chinquapin FEC ID number of contributing   | NC 28521   | Amount of Each Receipt this Period  350.00  |
| Receipt For:  Primary  Other (specify) ▼   | Occupation Board Chair  Aggregate Year-to-Date ▼  350.00   |   |
| Full Name (Last, First, Middle Initial) Mr. James Butler, III  Mailing Address 1476 Stonegate L  | ane  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| City   | State Zip Code   | Transaction ID: 17257993  |
| East Lansing FEC ID number of contributing federal political committee.  | MI 48823-2172  | Amount of Each Receipt this Period 350.00   |
| Name of Employer<br>Sparrow Hospital   | Occupation Vice Chairman   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00  |   |
| Full Name (Last, First, Middle Initial) Mr. Joseph M. Krella, FACHE  |  | Date of Receipt   |
| Mailing Address 15174 Amber Cre  |  | 06 11 7 2009  |
| City<br>Draper   | State Zip Code UT 84020-5528   | Transaction ID: 17257994  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C  | 350.00  |
| Name of Employer<br>UHA, Utah Hospitals & Hea-<br>Ith Systems A  | Occupation<br>President  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00  |   |
|  | nal)   | 1050.00   |

## SCHEDULE A (FEC Form 3X)

| Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial) Mr. Harry F. Byrd, III  Mailing Address P.O. Box 3340  City  State  Winchester  FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Aggreg  Cocupa  Truste   | Zip Code 22192-5133  | Date of Receipt  Date of Receipt  Transaction ID: 17258005  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Transaction ID: 17258008  Amount of Each Receipt this Period  350.00 |
|---|--|--|
| Full Name (Last, First, Middle Initial)  Ms. Virginia Blair  Mailing Address 4109 Plymbridge Lane  City State  Woodbridge VA  FEC ID number of contributing federal political committee.  Name of Employer Prince William Hospital  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Mr. Harry F. Byrd, III  Mailing Address P.O. Box 3340  City State  Winchester VA  FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Receipt For: Primary General Other (specify)   General Other (specify)   Full Name (Last, First, Middle Initial)  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Ms. Rosemary C Check | 22192-5133  tion resident ate Year-to-Date ▼  350.00  Zip Code | Transaction ID: 17258005  Amount of Each Receipt this Period  Date of Receipt  M M M D D D D D D D D D D D D D D D D   |
| Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer Prince William Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Harry F. Byrd, III Mailing Address P.O. Box 3340  City State Winchester  FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check  | 22192-5133  tion resident ate Year-to-Date ▼  350.00  Zip Code | Transaction ID: 17258005  Amount of Each Receipt this Period  350.00  Date of Receipt  M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| FEC ID number of contributing federal political committee.  Name of Employer Prince William Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Harry F. Byrd, III Mailing Address P.O. Box 3340  City State Winchester VA  FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check   | zion resident ate Year-to-Date ▼  350.00                       | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  Mr. Harry F. Byrd, III  Mailing Address P.O. Box 3340  City  Winchester  FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  Ms. Rosemary C Check  | resident ate Year-to-Date   350.00  Zip Code                   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Harry F. Byrd, III Mailing Address P.O. Box 3340  City State Winchester VA  FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check  | 350.00<br>Zip Code   | M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mr. Harry F. Byrd, III  Mailing Address P.O. Box 3340  City State  Winchester VA  FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check  | •  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Winchester  FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check   | •  | Transaction ID: 17258008  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  Name of Employer Valley Health System  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check   | 22604-2540   |  |
| federal political committee.  Name of Employer Valley Health System  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check   |  | 350.00   |
| Valley Health System  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check  |  |  |
| Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Rosemary C Check   |  |  |
| Ms. Rosemary C Check  | ate Year-to-Date ▼ 350.00                                      |  |
| Mailing Address 4770 Kempsville Greens Parkwa   |  | Date of Receipt  |
| The man system see 4770 Rempsvine Green's Farkwa  | у  | 0 6 1 1 2 0 0 9  |
| City State  | Zip Code   | Transaction ID: 17258013   |
| Virginia Beach  FEC ID number of contributing federal political committee.  C   | 23462-6412   | Amount of Each Receipt this Period  350.00   |
| Name of Employer Sentara Obici Hospital  Occupa Vice P  | tion<br>resident and Administrator                             |  |
| Receipt For:  Primary General  Other (specify) ▼  Aggreg  | ate Year-to-Date ▼ 350.00                                      |  |
| SUBTOTAL of Receipts This Page (optional)   |  | 1050.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 67/162   (check only one)            |
|--|----------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may    | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions               |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAG                           | <u> </u>             | ,,,   |  |
| Full Name (Last, First, Middle Initial) Mr. Stephen Cumbie                               |                      |   | Date of Receipt  |
| Mailing Address 837 Mackall Drive  |                      |   | M M / D D / Y Y Y Y Y O D D / 2009                           |
| City   | State<br>VA          | Zip Code  | Transaction ID: 17258015                                     |
| McLean  FEC ID number of contributing federal political committee.                       | C                    | 22101-1615  | Amount of Each Receipt this Period  350.00                   |
| Name of Employer<br>Inova Health System  | Occupation Manager   | n<br>& Trustee  |  |
| Receipt For:  Primary General  Other (specify) ▼   |                      | Year-to-Date ▼ 350.00   |  |
| Full Name (Last, First, Middle Initial) Mr. Ramon Darcey                                 |                      |   | Date of Receipt  |
| Mailing Address 535 Independence<br>Suite 200  | Parkway              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| City<br>Chesapeake   | State<br>VA          | Zip Code<br>23320-5176  | Transaction ID: 17258016  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                               | C                    | 25525 5170  | 350.00   |
| Name of Employer<br>Sentara Healthcare   | Occupation Vice Pres |   |  |
| Receipt For:  Primary General  Other (specify) ▼   |                      | Year-to-Date ▼ 350.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. John Degruttola                           |                      |   | Date of Receipt  |
| Mailing Address 6015 Poplar Hall D   | rive                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| City<br>Norfolk  | State<br>VA          | Zip Code<br>23502-3819  | Transaction ID: 17258017                                     |
| FEC ID number of contributing federal political committee.                               | C                    | 25502-5019  | Amount of Each Receipt this Period 350.00                    |
| Name of Employer<br>Sentara Healthcare   | Occupation SVP, Sal  | n<br>es and Marketing   |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del>'</del>         | Year-to-Date ▼ 350.00   |  |
|  |                      |   | 1050.00  |

|     | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 68 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11            |
|-----|--|--|---|
| A   | ny information copied from such Reports and S<br>for commercial purposes, other than using the     | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|     | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                     |  |   |
|     | Full Name (Last, First, Middle Initial)  Mr. David Goldberg  Mailing Address 5909 Wandering Run of |  | Date of Receipt   |
|     |  |  | 06 11 2009  |
|     | City<br>Haymarket  | State Zip Code<br>VA 20169-3301  | Transaction ID: 17258019  Amount of Each Receipt this Period                                |
|     | FEC ID number of contributing federal political committee.   | C  | 350.00  |
|     | Name of Employer<br>Inova Loudoun Hospital   | Occupation Vice President  |   |
|     | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00  |   |
| . – | Full Name (Last, First, Middle Initial)<br>Mr. Brian Gradle  |  | Date of Receipt   |
|     | Mailing Address 400 Great Falls St   |  | 0 6 1 1 2 0 0 9   |
|     | City   | State Zip Code   | Transaction ID: 17258020  |
|     | Falls Church   | VA 22046-2608  | Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.   | C  | 350.00  |
|     | Name of Employer<br>Bon Secours-Richmond Comm-<br>unity Hospita                                    | Occupation VP Corporate  |   |
|     | Receipt For:   | Aggregate Year-to-Date ▼   |   |
|     | Primary General Other (specify) ▼  | 350.00   |   |
|     | Full Name (Last, First, Middle Initial)<br>Mr. Dougal Hewitt                                       |  | Date of Receipt   |
|     | Mailing Address 8260 Atlee Road  |  | 0 6 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|     | City   | State Zip Code   | Transaction ID: 17258021  |
|     | Mechanicsville   | VA 23116-1844  | Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.   | C  | 350.00  |
|     | Name of Employer<br>Memorial Regional Medical<br>Center  | Occupation Vice President  |   |
|     | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 350.00  |   |
|     | NIDTOTAL of Descripts This Descriptional   |  | 1050.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Χ)                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 69 / 162   (check only one)     X   11a     11b     11c   12   13   14   15   16 |
|---|-------------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using                | nd Statements may       | y not be sold or used by any perso  | on for the purpose of soliciting contributions solicit contributions from such committee.                |
| NAME OF COMMITTEE (In Full)  American Hospital Association PA   | <u> </u>                |   |  |
| Full Name (Last, First, Middle Initial) Mr. Christopher O'Brien   |                         |   | Date of Receipt  |
| Mailing Address 1701 North George   | Mason Drive             |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>Arlington   | State<br>VA             | Zip Code<br>22205-3610  | Transaction ID: 17258056  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C                       |   | 350.00   |
| Name of Employer Virginia Hospital Center - Arlington Receipt For:  Primary General Other (specify) ▼   |                         | n<br>sident, Physician Services<br>Year-to-Date ▼<br>350.00                   |  |
| Full Name (Last, First, Middle Initial) Mr. Jeffrey Pearson Mailing Address 1500 North 28th St          | reet                    |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                   | Zip Code  | Transaction ID: 17258057   |
| Richmond  FEC ID number of contributing federal political committee.                                    | C                       | 23223-5332  | Amount of Each Receipt this Period  350.00   |
| Name of Employer Bon Secours-Richmond Community Hospita Receipt For:  Primary General Other (specify) ▼ | <del>- ' '</del>        | n<br>mation Services<br>• Year-to-Date ▼<br>350.00                            |  |
| Full Name (Last, First, Middle Initial)<br>Mr. J Knox Singleton   |                         |   | Date of Receipt  |
| Mailing Address 8110 Gatehouse Ro   | oad                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City Falls Church   | State<br>VA             | Zip Code<br>22042-1210  | Transaction ID: 17258058  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C                       | 22042-1210  | 350.00   |
| Name of Employer<br>Inova Health System   | Occupation<br>President | n<br>t and Chief Executive Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼  |                         | e Year-to-Date ▼ 350.00   |  |
| SUBTOTAL of Receipts This Page (optional  | al)                     |   | 1050.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                         | FOR LINE NUMBER: PAGE 70 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  |
|--|---|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC  | Statements may not be sold or used by any perso<br>e name and address of any political committee to   | n for the purpose of soliciting contributions solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) Mr. Michael Taylor Mailing Address 533 Kings Grant Road City Virginia Beach FEC ID number of contributing federal political committee.  Name of Employer Sentara Healthcare  Receipt For: Primary General Other (specify)      | State Zip Code VA 23452-7051  C  Occupation Vice President  Aggregate Year-to-Date  350.00            | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 1 1 2 0 0 9  Transaction ID: 17258074  Amount of Each Receipt this Period  350.00 |
| Full Name (Last, First, Middle Initial) Mr. Christopher Howard  Mailing Address PO Box 205  City Oklahoma City  FEC ID number of contributing federal political committee.  Name of Employer SSM Health Care of Oklahoma Receipt For: Primary General Other (specify)  | State Zip Code OK 73101-0205  C  Occupation President & CEO  Aggregate Year-to-Date   500.00          | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) Ms. Karen Reynolds  Mailing Address P O Box 1207  City Miami  FEC ID number of contributing federal political committee.  Name of Employer Integris Marshall County Medical Cente Receipt For: Primary General Other (specify) | State Zip Code OK 74355-1207  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  250.00 | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional) .  | · • • • • • • • • • • • • • • • • • • •   | 1100.00   |

# SCHEDULE A (FEC Form 3X)

| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mr. J. Thornton Kirby  Mailing Address 1000 Center Point Roccity  Columbia  FEC ID number of contributing | Statements may not be sold or used by any person to hame and address of any political committee to see name and address of any political committee to see add  State Zip Code SC 29210-5802 | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|---|---|--|
| Mr. J. Thornton Kirby  Mailing Address 1000 Center Point Roa  City  Columbia  | State Zip Code  | 0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| Columbia  | ·   | Transaction ID: 17263966                                     |
|   | SC 29210-5802   |  |
| federal political committee.  | C   | Amount of Each Receipt this Period 500.00                    |
| Name of Employer South Carolina Hospital Association Receipt For:  Primary General Other (specify) ▼  | Occupation President & CEO  Aggregate Year-to-Date ▼  500.00  | <b>-</b><br>-  |
| Full Name (Last, First, Middle Initial) Mr. Robert L. L Harman Mailing Address HC 84, Box 26  |   | Date of Receipt  0 6 1 5 2 0 0 9                             |
| City  | State Zip Code  | Transaction ID: 17265329                                     |
| <u>Lahmansville</u>   | WV 26731-9701   | Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.  | C   | 250.00   |
| Name of Employer<br>Grant Memorial Hospital   | Occupation Chief Executive Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00   |  |
| Full Name (Last, First, Middle Initial) Mr. David J Robertson   |   | Date of Receipt  |
| Mailing Address 2052 Iron Bridge Circl  | е   | 06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| City  | State Zip Code  | Transaction ID: 17265331                                     |
| Morgantown  | WV 26508-8064   | Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.  | C   | 500.00   |
| Name of Employer<br>Monongalia General Hospit-<br>al  | Occupation President & CEO  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00   |  |
| SUBTOTAL of Receipts This Page (optional)   | <b>&gt;</b>   | 1250.00  |

| Mailing Address 77 Pringle Way  City State Zip Code NV 89502-1474  Reno NV 89502-1474  FEC ID number of contributing federal political committee.  Name of Employer Renown Health President and Chief Executive Officer  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)   |                | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S | Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any p | FOR LINE NUMBER: PAGE 72 / 162 (check only one)    X |
|---|----------------|---|--|--|
| A. Mr. James   Millier   Mailing Address 77 Pringle Way   City   State   Zip Code   NV   89502-1474   Peno   NV   89502-1474   FEC ID number of contributing   federal political committee.   Name of Employer   Primary   General   Other (specify) ▼    State   Zip Code   Nound of Each Receipt this Period   President and Chief Executive Officer   Receipt For:   Primary   General   Other (specify) ▼    State   Zip Code   Nr. Brad Smith   Mailing Address   1986 N. Ft. Wayne Road    City   State   Zip Code   Rush Wille   IN   48173-7559   FEC ID number of contributing federal political committee.    Name of Employer   Rush Memorial Hospital   Deteor Receipt In   Nound of Each Receipt this Period    Primary   General   Deteor Receipt   Nound of Each Receipt In   Nound of Ea |                | NAME OF COMMITTEE (In Full)   | name and address of any political committe   | e to solicit contributions from such committee.      |
| City State Zip Code NV 85502-1474  FEC ID number of contributing federal political committee  Name of Employer Renown Health  President and Chief Executive Officer  Receipt For:    Occupation President and Chief Executive Officer  Receipt For:   Other (specify) ▼   | ∠<br><b>4.</b> | Mr. James I Miller  |  | <u> </u>   |
| Reno NV 89502-1474  FEC ID number of contributing federal political committee.  Name of Employeer Renown Health President and Chief Executive Officer Receipt For:   Primary   General Other (specify) ▼  |                | Walling Address 77 Pringle Way  |  | 06 15 2009   |
| FEC ID number of contributing federal political committee.  Name of Employer Renown Health  Receipt For:    Primary   General   Aggregate Year-to-Date ▼  |                | -   |  |  |
| Receipt For:     Primary  |                | FEC ID number of contributing   |  |  |
| Primary General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial) Mailing Address 1986 N. Ft. Wayne Road  City State Zip Code Rushville IN 46173-7559  FEC ID number of contributing federal political committee.  Name of Employer Rush Memorial Hospital Chief Executive Officer  Receipt For: Primary General Other (specify) ▼ 350.00  Full Name (Last, First, Middle Initial) Dr. Peter L Slavin, M.D.  Mailing Address 55 Fruit Street  City State Zip Code Boston MA 02114-2622  FEC ID number of contributing federal political committee.  City State Zip Code Boston MA 02114-2622  FEC ID number of contributing federal political committee.  City State Zip Code Boston MA 02114-2622  FEC ID number of contributing federal political committee.  Name of Employer Massachusetts General Hospital Receipt For: Primary General Occupation President President Other (specify) ▼ 500.00  |                | Name of Employer<br>Renown Health   | ·  | icer   |
| Mailing Address 1986 N. Ft. Wayne Road  City State Zip Code IN 46173-7559  FEC ID number of contributing federal political committee.  Name of Employer Massachuselts General FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 17267469  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Full Name (Last, First, Middle Initial)  Dr. Peter L Slavin, M.D.  Mailing Address 55 Fruit Street  City State Zip Code MA 02114-2622  FEC ID number of contributing federal political committee.  City State Zip Code MA 02114-2622  FEC ID number of contributing federal political committee.  City State Zip Code MA 02114-2622  FEC ID number of contributing federal political committee.  City State Zip Code MA 02114-2622  FEC ID number of contributing federal political committee.  C State |                | Primary General   | 500.00   | 1  |
| Mailing Address 1986 N. Ft. Wayne Road  City Rushville IN 46173-7559  FEC ID number of contributing federal political committee.  Name of Employer Rush Memorial Hospital Receipt For: Primary General Other (specify) ▼  City State Zip Code Rush Memorial Hospital Receipt For: Primary General Other (specify) ▼  State Zip Code MA 02114-2622  FEC ID number of contributing federal political committee.  Date of Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID: 17267474  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17267474  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17267474  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 17267474  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Massachusetts General Hospital Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation President Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 17267474  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 17267474  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Date of Receipt  Ma M M M M M M M M M M M M M M M M M M  | _<br>3.        |   |  | Date of Receipt                                      |
| City Rushville IN 46173-7559  FEC ID number of contributing federal political committee.  Name of Employer Massachusetts General Dotter (specify) ▼  Name of Employer Massachusetts General Dotter (specify) ▼  State Zip Code IN 46173-7559  Amount of Each Receipt this Period  Transaction ID: 17267469  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Transaction ID: 17267469  Amount of Each Receipt this Period  Transaction ID: 17267469  Amount of Each Receipt this Period  Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |                | Mailing Address 1986 N. Ft. Wayne Ro  | ad   | M M / D D / Y Y Y Y                                  |
| FEC ID number of contributing federal political committee.  Name of Employer Rush Memorial Hospital  Receipt For:  Primary General Other (specify) ▼  City State Zip Code MA 02114-2622  City State Zip Code MA 02114-2622  FEC ID number of contributing federal political committee.  Name of Employer Massachusetts General Hospital Receipt For:  Primary General Other (specify) ▼  Occupation  Code Massachusetts General Hospital Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: 17267474  Amount of Each Receipt this Period  Sound  Aggregate Year-to-Date ▼  Primary General For:  Primary General Size Size Size Size Size Size Size Size  |                | City  | State Zip Code   | Transaction ID: 17267469                             |
| Name of Employer Rush Memorial Hospital   Occupation Chief Executive Officer  |                | Rushville   | IN 46173-7559  | Amount of Each Receipt this Period                   |
| Rush Memorial Hospital  Receipt For:    Primary   |                |   | C  | 350.00   |
| Primary   |                | Name of Employer<br>Rush Memorial Hospital  |  |  |
| Dr. Peter L Slavin, , M.D.  Mailing Address 55 Fruit Street  City State Zip Code Boston MA 02114-2622  FEC ID number of contributing federal political committee.  Name of Employer Massachusetts General Hospital Receipt For:  Primary General Other (specify) ▼  Date of Receipt  M M D D D 2 2 0 0 9  Transaction ID: 17267474  Amount of Each Receipt this Period  C  500.00   |                | Primary General   |  |  |
| City Boston  FEC ID number of contributing federal political committee.  Name of Employer Massachusetts General Hospital Receipt For: Primary General Other (specify) ▼  State Zip Code MA 02114-2622  Transaction ID: 17267474  Amount of Each Receipt this Period  500.00  Aggregate Year-to-Date ▼  1250.00  | _<br>).        |   |  | Date of Receipt                                      |
| Boston  MA 02114-2622  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Massachusetts General Hospital  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  1250.00   |                | Mailing Address 55 Fruit Street   |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer Massachusetts General Hospital  Receipt For:  Primary General  Other (specify)   Aggregate Year-to-Date   500.00   |                | •   | '  |  |
| Name of Employer Massachusetts General Hospital Receipt For:  Primary Other (specify) ▼  Occupation President  Aggregate Year-to-Date  500.00   |                |   | MA 02114-2622  | Amount of Each Receipt this Period                   |
| Massachusetts General Hospital  Receipt For:  Primary  Other (specify) ▼  President  Aggregate Year-to-Date ▼  500.00   |                |   | C  | 500.00   |
| Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  500.00   |                |   | ·  |  |
| SUBTOTAL of Receipts This Page (optional)   |                | Primary General   |  |  |
|   |                | SUBTOTAL of Receipts This Page (optional)   |  | 1350.00  |

TOTAL This Period (last page this line number only) .....

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   | for each  | parate schedule(s)<br>n category of the<br>d Summary Page | FOR LINE NUMBER: PAGE 73 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 1          |
|----|---|---|---|--|
| Ar | ny information copied from such Reports and St<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>American Hospital Association PAC | atements may not be sol<br>name and address of an | d or used by any persor<br>y political committee to s     | n for the purpose of soliciting contributions solicit contributions from such committee. |
|    | Full Name (Last, First, Middle Initial)  Ms. Cynthia Kreutz  Mailing Address 900 Potomac Street  City   | State Zip C                                       | ode   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                 |
|    | Aurora  FEC ID number of contributing federal political committee.  |   | 1-6716  | Amount of Each Receipt this Period 1000.00   |
|    | Name of Employer Spalding Rehabilitation Hospital Receipt For:  Primary General Other (specify) ▼   | Occupation President and Chi Aggregate Year-to-Da | ef Executive Officer<br>ate ▼                             |  |
| _  | Full Name (Last, First, Middle Initial) Mr. Carl Josehart  Mailing Address 1333 Moursund Street   |   |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
|    | City  | State Zip Co                                      |   | Transaction ID: 17267584   |
|    | Houston  FEC ID number of contributing federal political committee.   | TX 7703   | 0-3405  | Amount of Each Receipt this Period  500.00   |
|    | Name of Employer Memorial Hermann-The Inst- itute for Reh Receipt For:  Primary  General  Other (specify) ▼   | Occupation Chief Executive O Aggregate Year-to-Da |   |  |
|    | Full Name (Last, First, Middle Initial) Dr. Robert Reid, , M.D.  Mailing Address P O Box 689  |   |   | Date of Receipt  |
|    | City Santa Barbara  | State Zip Co                                      | ode<br>2-0689   | 0 6 1 5 2 0 0 9  Transaction ID: 17267595  |
|    | FEC ID number of contributing federal political committee.  | CA 9510.  | 2-0009  | Amount of Each Receipt this Period 500.00  |
|    | Name of Employer<br>Cottage Health System   | Occupation Director Medical A                     |   |  |
|    | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Year-to-Da                              |   |  |
| s  | UBTOTAL of Receipts This Page (optional)  |   | <b>&gt;</b>   | 2000.00  |

| A.  Full Name (Last, First, Ms. Mary Kitchell Mailing Address 411  City  Ames  FEC ID number of confederal political commit  Name of Employer Mary Greeley Medical Gerel Primary  Other (specify)   Full Name (Last, First, Ms. Kimberly McNally   | s, other than using the name and EE (In Full) Association PAC  Middle Initial)  4 Edgewater Drive  State IA  tributing tee.  Occup | d address of any political committee to | Date of Receipt  0 6 1 5 2 0 0 9  Transaction ID: 17267601 |
|--|--|---|--|
| A. A. Full Name (Last, First, Ms. Mary Kitchell Mailing Address 411  City Ames  FEC ID number of confederal political commit  Name of Employer Mary Greeley Medical Ger  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Ms. Kimberly McNally Mailing Address 330  City  Seattle | Association PAC  Middle Initial)  4 Edgewater Drive  State IA  tributing tee.  Cont.   | ·                                       | 0 6 1 5 / Y Y Y Y Y  |
| Ms. Mary Kitchell Mailing Address 411  City Ames  FEC ID number of confederal political commit  Name of Employer Mary Greeley Medical of er Receipt For: Primary Other (specify)  Full Name (Last, First, Ms. Kimberly McNally Mailing Address 330  City Seattle                                 | 4 Edgewater Drive  State IA  tributing tee.  Cont.   | ·                                       | 0 6 1 5 / Y Y Y Y Y  |
| City  Ames  FEC ID number of confederal political commit  Name of Employer Mary Greeley Medical of er  Receipt For:  Primary Other (specify)  Full Name (Last, First, Ms. Kimberly McNally Mailing Address 330)  City  Seattle   | State IA  tributing tee.  Cont.  | ·                                       | 06 15 2009   |
| Ames  FEC ID number of confederal political commit  Name of Employer Mary Greeley Medical of er Receipt For: Primary Other (specify)  Full Name (Last, First, Ms. Kimberly McNally Mailing Address 330  City Seattle   | tributing tee.  Cont.  Occup   | ·                                       | Transaction ID: 17267601                                   |
| FEC ID number of confederal political commit  Name of Employer Mary Greeley Medical Ger Receipt For: Primary Other (specify) Full Name (Last, First, Ms. Kimberly McNally Mailing Address 330  City Seattle  | tributing tee. Cont.   | 30010-4132                              |  |
| er Receipt For: Primary Other (specify) Full Name (Last, First, Ms. Kimberly McNally Mailing Address 330  City Seattle   | Cent- Occup  |   | Amount of Each Receipt this Period 500.00                  |
| Receipt For: Primary Other (specify)  Full Name (Last, First, Ms. Kimberly McNally Mailing Address 330  City Seattle   | Trust  |   |  |
| Ms. Kimberly McNally Mailing Address 330  City  Seattle  | General  | gate Year-to-Date ▼ 500.00              |  |
| City<br>Seattle  |  |   | Date of Receipt  |
| Seattle  | 00 Meridian Avenue N.  | 06 15 2009                              |  |
|  | State  | •                                       | Transaction ID: 17267660                                   |
| federal political commit   |  | 98103-9150                              | Amount of Each Receipt this Period  1000.00                |
| Name of Employer<br>Harborview Medical Ce  | Occup<br>enter Mana  |   |  |
| Receipt For: Primary Other (specify)   | General  | gate Year-to-Date ▼ 1000.00             |  |
| Full Name (Last, First, Dr. Scott Cooper   | Middle Initial)  |   | Date of Receipt  |
| Mailing Address 183  | ord Street and Third Avenue  |   | 06 15 2009   |
| City<br>Bronx  | State<br>NY  | '                                       | Transaction ID: 17267678                                   |
| FEC ID number of confederal political commit   | tributing  | 10457-9998                              | Amount of Each Receipt this Period  1000.00                |
| Name of Employer<br>St. Barnabas Hospital  | Occup<br>CEO   | pation                                  |  |
| Receipt For: Primary Other (specify)   | ++   | gate Year-to-Date ▼ 1000.00             |  |
| SUBTOTAL of Receipts   |  |   | -  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate s<br>for each categ<br>Detailed Sumn                 | ory of the (                          | FOR LINE NUMBER: PAGE 75 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17       |
|---------|---|---|---------------------------------------|--|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the | atements may not be sold or us<br>name and address of any politic | ed by any person<br>al committee to s | for the purpose of soliciting contributions solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                   |   |                                       |  |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>Ms. Lynn B. Nicholas, FACHE                          |   |                                       | Date of Receipt  |
|         | Mailing Address Five New England Exe  |   |                                       | 06 15 7 9 9 9  |
|         | City  | State Zip Code  |                                       | Transaction ID: 17267681   |
|         | Burlington  | MA 01803-5010   |                                       | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                      | C   |                                       | 1000.00  |
|         | Name of Employer<br>Massachusetts Hospital As-<br>sociation                                     | Occupation President and Chief Exe                                | cutive Officer                        |  |
|         | Receipt For:  | Aggregate Year-to-Date ▼  |                                       | 1  |
|         | Primary General Other (specify) ▼   |   | 1000.00                               |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>Ms. Jeanette G Clough                                |   |                                       | Date of Receipt  |
|         | Mailing Address 330 Mount Auburn Stre   | et  |                                       | 06 15 2009   |
|         | City  | State Zip Code  |                                       | Transaction ID: 17267685   |
|         | Cambridge   | MA 02138-5502   |                                       | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                      | C   |                                       | 1000.00  |
|         | Name of Employer<br>Mount Auburn Hospital   | Occupation President and Chief Exe                                | cutive Officer                        |  |
|         | Receipt For:  | Aggregate Year-to-Date ▼  |                                       |  |
|         | Primary General Other (specify) ▼   |   | 1000.00                               |  |
| -<br>C. | Full Name (Last, First, Middle Initial) Mr. Adrian Stanton                                      |   |                                       | Date of Receipt  |
|         | Mailing Address 5013 Fleming Drive  |   |                                       | 06 15 2009   |
|         | City  | State Zip Code  |                                       | Transaction ID: 17267980   |
|         | Annandale   | VA 22003-4110   |                                       | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                      | C   |                                       | 350.00   |
|         | Name of Employer<br>Inova Health System   | Occupation Director   |                                       | ]  |
|         | Receipt For:  | Aggregate Year-to-Date ▼  |                                       |  |
|         | Primary General Other (specify) ▼   | 0 0 0 0 0   | 350.00                                |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |   |                                       | 2350.00  |
| -       |   |   | <u> </u>                              |  |
| - 1     | <b>TOTAL</b> This Period (last page this line number  | oniy)   | <b>&gt;</b>                           |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | FOR LINE NUMBER: PAGE 76 / 162 (check only one)    X |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any persone name and address of any political committee to |  |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                | io namo ana addreso en any pontion committee to  |  |
| Full Name (Last, First, Middle Initial) Ms. Darlene Vrotsos                                   |  | Date of Receipt                                      |
| Mailing Address 2653 Park Tower Driv  | ve   | 0 6 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y        |
| City  | State Zip Code   | Transaction ID: 17267982                             |
| <u>Vienna</u>   | VA 22180-7386  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                                    | C  | 350.00   |
| Name of Employer<br>Virginia Hospital Center -<br>Arlington                                   | Occupation Chief Nursing Officer   | 1  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 350.00   |  |
| Full Name (Last, First, Middle Initial)<br>Dr. Gary R Yates                                   |  | Date of Receipt                                      |
| Mailing Address 1065 Downshire Cha  | se   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City  | State Zip Code   | Transaction ID: 17267984                             |
| Virginia Beach  | VA 23452-6155  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                                    | C  | 350.00   |
| Name of Employer<br>Sentara Healthcare  | Occupation Chief Medical Officer   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 350.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Jon Brovold                                    |  | Date of Receipt                                      |
| Mailing Address 203 Fourth Street No  | rthwest  | 06 16 2009   |
| City  | State Zip Code   | Transaction ID: 17270146                             |
| Bagley  | MN 56621-8305  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                                    | C  | 250.00   |
| Name of Employer<br>Clearwater Health Services  | Occupation Administrator   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 250.00   | ]  |
|   |  | 950.00   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 77 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 17  |
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| Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  American Hospital Association  | s and Statements may not be sold or used by any person<br>sing the name and address of any political committee to<br>PAC | n for the purpose of soliciting contributions solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial) Mr. James F Hanko Mailing Address 1300 Anne St. N  City Bemidji  FEC ID number of contributing federal political committee.  Name of Employer North Country Regional Hospital Receipt For: Primary General | State Zip Code MN 56601-5103  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  225.00         | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 6 2 0 0 9  Transaction ID: 17270149  Amount of Each Receipt this Period  75.00 |
| Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr Ken Paulus Mailing Address P O Box 43  City Minneapolis  FEC ID number of contributing federal political committee.  | State Zip Code MN 55440-0043   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Name of Employer Allina Hospitals & Clinics  Receipt For:  Primary General  Other (specify) ▼  | Occupation Chief Operating Officer  Aggregate Year-to-Date   500.00  |  |
| Full Name (Last, First, Middle Initial)  Ms. Mary Ellen Wells  Mailing Address 1095 Highway 1  City  Hutchinson  FEC ID number of contributing federal political committee.  | 5 South  State Zip Code MN 55350-5000  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Name of Employer Hutchinson Area Health Ca- re Receipt For:  Primary  Other (specify) ▼  | Occupation President  Aggregate Year-to-Date   500.00  |  |
| SUBTOTAL of Receipts This Page (opt  | ional)   | 1075.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 78 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 17        |
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| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC                     | d Statements may not be sold or used by any person<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. David R Doerr Mailing Address 11200 S. State Rd. 6  City Terre Haute  | State Zip Code IN 47802  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| FEC ID number of contributing federal political committee.  Name of Employer Union Hospital  Receipt For: Primary General Other (specify)                                       | Occupation Hospital CEO Aggregate Year-to-Date ▼   | 500.00   |
| Full Name (Last, First, Middle Initial) Dr. Robert C Keen, , Ph.D., F Mailing Address 4539 E. 500 N.  City  | State Zip Code   | Date of Receipt    M M   |
| Greenfield  FEC ID number of contributing federal political committee.  Name of Employer Hancock Regional Hospital  Receipt For:  Primary General Other (specify)               | Occupation President and Chief Executive Officer Aggregate Year-to-Date  250.00                          | Amount of Each Receipt this Period  125.00   |
| Full Name (Last, First, Middle Initial) Mr. Douglas J Leonard Mailing Address 2574 Califorinia Stree  City Columbus  FEC ID number of contributing federal political committee. | State Zip Code IN 47201-3649   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Name of Employer Indiana Hospital Association Receipt For:  Primary General Other (specify) ▼   | Occupation President  Aggregate Year-to-Date   1000.00   |  |
| SUBTOTAL of Receipts This Page (optional)   | <u> </u>   | 1625.00  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 79 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16            |
|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | Statements may not be sold or used by any perso<br>e name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Robert L Sloan   |   | Date of Receipt   |
| Mailing Address 5255 Loughboro Roa   | d NW  | 06 17 2009  |
| City<br>Washington   | State Zip Code DC 20016-2695  | Transaction ID: 17270407  |
| FEC ID number of contributing federal political committee.   | C 20010-2093  | Amount of Each Receipt this Period  350.00  |
| Name of Employer<br>Sibley Memorial Hospital   | Occupation President and Chief Executive Officer  | _   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  350.00  |   |
| Full Name (Last, First, Middle Initial) Mr. Robert B Aikens  | . I.  | Date of Receipt   |
| Mailing Address PO Box 1336  | 06 17 2009  |   |
| City   | State Zip Code  | Transaction ID: 17270408  |
| Boca Grande  FEC ID number of contributing federal political committee.  | FL 33921-1336   | Amount of Each Receipt this Period 500.00   |
| Name of Employer<br>Beaumont Hospital - Royal<br>Oak   | Occupation Trustee  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00   |   |
| Full Name (Last, First, Middle Initial) Ms. Laura D. Appel   |   | Date of Receipt   |
| Mailing Address 110 West Michigan A Suite 1200   | venue   | M M / D D / Y Y Y Y Y O D D / 2009  |
| City   | State Zip Code  | Transaction ID: 17270409  |
| Lansing  | MI 48933-1611   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 500.00  |
| Name of Employer<br>Michigan Health & Hospital<br>Association  | Occupation Vice President, Federal Policy & Advo  | oc  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |   | 1350.00   |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 80 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 17         |
|---------|---|------------------------------|---|---|
| 7       | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | tatements ma<br>name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A.      | Full Name (Last, First, Middle Initial) Mr. Thomas Bres Mailing Address 2288 Barnsbury Road   |                              |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                  |
|         | City  | State                        | Zip Code  | Transaction ID: 17270412  |
|         | East Lansing FEC ID number of contributing federal political committee.   | C                            | 48823-7780  | Amount of Each Receipt this Period  375.00  |
|         | Name of Employer<br>Sparrow Health System<br>Receipt For:   | Occupatio<br>CIO             |   |   |
|         | Primary General Other (specify) ▼   | Aggregate                    | Year-to-Date ▼<br>375.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial) Mr. Robert F Casalou Mailing Address 26462 Glenwood Dr.   |                              |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
|         | City  | State                        | Zip Code  | Transaction ID: 17270413  |
|         | <u>Novi</u>   | MI                           | 48374-1233  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                            |   | 1000.00   |
|         | Name of Employer<br>St. Joseph Mercy Hospital   | Occupatio<br>Presiden        |   |   |
|         | Receipt For:  Primary  General  Other (specify) ▼   |                              | e Year-to-Date ▼<br>1000.00   |   |
| -<br>C. | Full Name (Last, First, Middle Initial) Mr. Kevin Cawley  |                              |   | Date of Receipt   |
|         | Mailing Address 11803 Silverspring Dr.  |                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City  | State                        | Zip Code  | Transaction ID: 17270414  |
|         | Dewitt  | MI                           | 48820-7731  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                            |   | 340.00  |
|         | Name of Employer<br>Sheridan Community Hospit-<br>al  | Occupatio<br>Chief Exc       | n<br>ecutive Officer  |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼ 340.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                              |   | 1715.00   |
|         | TOTAL This Period (last page this line number of  | only)                        |   |   |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 81 / 162 (check only one)    X   11a                                  |
|----------|---|--|---|
| (        | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | American Hospital Association PAC   |  |   |
| Α.       | Full Name (Last, First, Middle Initial)  Mr. K. Douglas Deck  Mailing Address 10275 S Apple Ridge                                 | Dr.  | Date of Receipt   |
|          |   |  | 06 17 2009  |
|          | City<br>Traverse City   | State Zip Code<br>MI 49684-6839  | Transaction ID: 17270416  Amount of Each Receipt this Period                                |
|          | FEC ID number of contributing federal political committee.  | C + + + + + + + + + + + + + + + + + + +  | 500.00  |
|          | Name of Employer<br>Munson Healthcare   | Occupation President and CEO   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |   |
| -<br>В.  | Full Name (Last, First, Middle Initial) Mr. Bob Doud  |  | Date of Receipt   |
|          | Mailing Address 1914 Skyler Drive   |  | 06 17 2009  |
|          | City  | State Zip Code   | Transaction ID: 17270417  |
|          | Kalamazoo FEC ID number of contributing federal political committee.  | MI 49008-2882  | Amount of Each Receipt this Period  212.50  |
|          | Name of Employer<br>Bronson Healthcare Group,<br>Inc.   | Occupation Vice President  |   |
|          | Receipt For:  Primary General  Other (specify) ♥  | Aggregate Year-to-Date ▼ 212.50  | ]   |
| С.<br>С. | Full Name (Last, First, Middle Initial)<br>Mr. Michael Duggan   |  | Date of Receipt   |
|          | Mailing Address 3990 John R Street  |  | 06 17 2009  |
|          | City  | State Zip Code   | Transaction ID: 17270418  |
|          | Detroit   | MI 48201-2018  | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.  | C  | 500.00  |
|          | Name of Employer<br>Detroit Medical Center  | Occupation President and Chief Executive Office  | r   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   |  | 1212.50   |
| F        | TOTAL This Period (last page this line number   | ·  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                              | FOR LINE NUMBER: PAGE 82 / 162 (check only one)  X 11a 11b 11c 12   |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the          | Statements may not be sold or used by any person ne name and address of any political committee to s | 13 14 15 16 1<br>n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC   |  |   |
| Full Name (Last, First, Middle Initial) Mr. Gene Eavy  |  | Date of Receipt   |
| Mailing Address 709 N. Fourth Street   | 7.01   | 06 17 2009  |
| City<br><u>Ann Arbor</u>   | State Zip Code MI 48104-1003   | Transaction ID: 17270420  |
| FEC ID number of contributing federal political committee.   | C  | Amount of Each Receipt this Period 500.00   |
| Name of Employer<br>St. Joseph Mercy Hospital  | Occupation Director  | _   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00  |   |
| Full Name (Last, First, Middle Initial) Mr. James B. Falahee, Jr.  Mailing Address 7463 Cottage Oak Di | rive   | Date of Receipt   |
|  |  | 06 17 2009  |
| City   | State Zip Code   | Transaction ID: 17270422  |
| Portage  FEC ID number of contributing federal political committee.                                    | MI 49024-2352  | Amount of Each Receipt this Period  325.00  |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.  | Occupation Senior VP, Legal/Legislative Relations  | -   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00  |   |
| Full Name (Last, First, Middle Initial) Ms. Alice Gerard   |  | Date of Receipt   |
| Mailing Address 3231 Bangor Rd.  |  | 0 6 1 7 2 0 0 9   |
| City   | State Zip Code   | Transaction ID: 17270473  |
| Bay City   | MI 48706-1852  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С  | 850.00  |
| Name of Employer<br>Bay Regional Medical Cent-<br>er   | Occupation President & CEO   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 850.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |  | 1675.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>(</b> )                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 83 / 162   (check only one)   |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                           |                                       |   |   |
| Full Name (Last, First, Middle Initial) Mr. Peter Graham                                 |                                       |   | Date of Receipt   |
| Mailing Address 2233 Quarry Road   | Mailing Address 2233 Quarry Road      |   |   |
| City East Lansing  | State<br>MI                           | Zip Code<br>48823-7234  | Transaction ID: 17270475  Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 250.00  |
| Name of Employer<br>Sparrow Health System  | Occupation Vice Pres                  | n<br>sident, Sparrow Medical Gro  | up  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | e Year-to-Date ▼<br>250.00  |   |
| Full Name (Last, First, Middle Initial) Ms. Kathleen S Griffiths                         | I                                     |   | Date of Receipt   |
| Mailing Address 775 South Main Str   | eet                                   |   | 0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>Chelsea  | State<br>MI                           | Zip Code<br>48118-1383  | Transaction ID: 17270479  |
| FEC ID number of contributing federal political committee.                               | C                                     | 40110-1303  | Amount of Each Receipt this Period 250.00   |
| Name of Employer<br>Chelsea Community Hospital   | Occupation<br>Presiden                | n<br>t and Chief Executive Office   |   |
| Receipt For:  Primary General  Other (specify)   | Aggregate                             | Year-to-Date ▼<br>250.00  |   |
| Full Name (Last, First, Middle Initial) Mrs. Kathleen Harrelson                          |                                       |   | Date of Receipt   |
| Mailing Address 6181 Karabrook Co  | ourt                                  |   | 0 6 1 7 2 0 0 9   |
| City<br>Kalamazoo  | State<br>MI                           | Zip Code<br>49009-8961  | Transaction ID: 17270480  |
| FEC ID number of contributing federal political committee.                               | C                                     | 43003-0301  | Amount of Each Receipt this Period  237.50  |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                    | <del>- ' '</del>                      | sident of Nursing   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | e Year-to-Date ▼<br>237.50  |   |
| SUBTOTAL of Receipts This Page (optiona  |                                       |   | 737.50  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 84 / 162 (check only one)  X 11a 11b 11c 12 |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may not be sold or used by any persor<br>the name and address of any political committee to | n for the purpose of soliciting contributions                     |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                            |  | Solicit contributions from Such committee.                        |
| Full Name (Last, First, Middle Initial) Mr. John T. Hayden                                |  | Date of Receipt   |
| Mailing Address PO Box 19368  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
| City  | State Zip Code   | Transaction ID: 17270588  |
| <u>Kalamazoo</u>  | MI 49019-0368  | Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.                                | C  | 325.00  |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                     | Occupation Vice President Human Resources  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   | 1   |
| Primary General Other (specify) ▼   | 325.00   |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Robert Hoban                               |  | Date of Receipt   |
| Mailing Address 911 Balfour   |  | 06 17 7 2009  |
| City  | State Zip Code   | Transaction ID: 17270590  |
| Grosse Pointe Park  | MI 48230-1815  | Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.                                | C  | 250.00  |
| Name of Employer<br>St. John Health   | Occupation Sr. Vice President  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 250.00   |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Neil Johnson                               |  | Date of Receipt   |
| Mailing Address 6892 Penny Lane   |  | 06 17 2009  |
| City  | State Zip Code   | Transaction ID: 17270591  |
| <u>Kalamazoo</u>  | MI 49009-7505  | Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.                                | C  | 210.00  |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                     | Occupation Vice President  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 210.00   |   |
|   | )  | 785.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ζ)                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 85/162   (check only one)     X  |
|--|------------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may      | y not be sold or used by any perso  | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAG                           |                        | ,                                       |  |
| Full Name (Last, First, Middle Initial) Mr. John L. Jones, Jr.                           |                        |   | Date of Receipt  |
| Mailing Address 1814 Hazel Avenue  | )                      |   | 0 6 1 7 2 0 0 9  |
| City<br>Kalamazoo  | State<br>MI            | Zip Code<br>49008-2844  | Transaction ID: 17270592  Amount of Each Receipt this Period                                 |
| FEC ID number of contributing federal political committee.                               | C                      |   | 237.50   |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                    | Occupatio<br>Vice Pres |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼ 237.50   | ]  |
| Full Name (Last, First, Middle Initial) Mr John Keuten                                   |                        |   | Date of Receipt  |
| Mailing Address 570 Brittany Court   |                        |   | 0 6 1 7 2 0 0 9  |
| City   | State                  | Zip Code  | Transaction ID: 17270594   |
| Rochester Hills  FEC ID number of contributing federal political committee.              | C                      | 48309-2613  | Amount of Each Receipt this Period 250.00  |
| Name of Employer<br>Oakwood Healthcare, Inc.   | Occupatio<br>Presiden  |   |  |
| Receipt For:  Primary General  Other (specify) ▼   |                        | e Year-to-Date ▼ 250.00   |  |
| Full Name (Last, First, Middle Initial) Ms. Cheryl Knapp                                 |                        |   | Date of Receipt  |
| Mailing Address 7183 Cross Country   | y Drive                |   | 0 6 1 7 2 0 0 9  |
| City<br>Kalamazoo  | State<br>MI            | Zip Code<br>49009-7588  | Transaction ID: 17270595   |
| FEC ID number of contributing federal political committee.                               | C                      | 49003-7300  | Amount of Each Receipt this Period  210.00   |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                    | Occupatio<br>Vice Pres | sident  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼ 210.00   |  |
| SUBTOTAL of Receipts This Page (optional   | J)                     |   | 697.50   |

|                        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page               | FOR LINE NUMBER: PAGE 86 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 11         |
|------------------------|--|---|---|
| A                      | ny information copied from such Reports and S<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>American Hospital Association PAC | atements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| <u>∠</u><br><b>.</b> . | Full Name (Last, First, Middle Initial) Mr. Scott D. Larson, MD Mailing Address 1531 Academy Street  |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
|                        | City   | State Zip Code  | Transaction ID: 17270598  |
|                        | Kalamazoo FEC ID number of contributing federal political committee.   | MI 49006-4400   | Amount of Each Receipt this Period  325.00  |
|                        | Name of Employer Bronson Healthcare Group, Inc.  Receipt For:  Primary General  Other (specify) ▼  | Occupation Vice President  Aggregate Year-to-Date ▼  325.00                                 |   |
|                        | Full Name (Last, First, Middle Initial) Dr. Patricia A Maryland, , Dr.PH Mailing Address 28000 Dequindre   |   | Date of Receipt  0 6 1 7 2 0 0 9  |
|                        | City   | State Zip Code  | Transaction ID: 17270601  |
|                        | Warren   | MI 48092-2468   | Amount of Each Receipt this Period  |
|                        | FEC ID number of contributing federal political committee.   | C   | 500.00  |
|                        | Name of Employer<br>St. John Health  | Occupation President  |   |
|                        | Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 500.00   |   |
|                        | Full Name (Last, First, Middle Initial) Dr. William J Mayer, MD  Mailing Address 3521 Whistling Ln.  |   | Date of Receipt   |
|                        |  |   | 06 17 2009  |
|                        | City<br>Portage  | State Zip Code MI 49024-5513  | Transaction ID: 17270602  Amount of Each Receipt this Period                              |
|                        | FEC ID number of contributing federal political committee.   | C   | 210.00  |
|                        | Name of Employer<br>Bronson Healthcare Group,<br>Inc.  | Occupation Administrator  |   |
|                        | Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 210.00   |   |
| (                      | SUBTOTAL of Receipts This Page (optional)  |   | 1035.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 87 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 11         |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                            |   |  |
| Full Name (Last, First, Middle Initial)  Ms. Mary M. Meitz                                |   | Date of Receipt  |
| Mailing Address 11425 Long Point D  City  | r. State Zip Code   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| <u>Plainwell</u>  | MI 49080-9265   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                | C   | 210.00   |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                     | Occupation Vice President, Finance  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 210.00   |  |
| Full Name (Last, First, Middle Initial) Mr. Thomas Ostrander                              |   | Date of Receipt  |
| Mailing Address 5433 Zimmer Road  |   | 06 17 2009   |
| City  | State Zip Code  | Transaction ID: 17270606   |
| Williamston   | MI 48895-9181   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                | C   | 375.00   |
| Name of Employer<br>Sparrow Hospital  | Occupation Human Resource Management  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 375.00   |  |
| Full Name (Last, First, Middle Initial) Mr. Steve Paulus                                  |   | Date of Receipt  |
| Mailing Address 17020 Carriage Wa   | 1   | 06 17 2009   |
| City  | State Zip Code  | Transaction ID: 17270607   |
| Northville  | MI 48168-6602   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                | C   | 375.00   |
| Name of Employer<br>St. Joseph Mercy Hospital   | Occupation Vice President   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 375.00   |  |
|   |   |  |
| SUBTOTAL of Receipts This Page (optional  | <b>)</b>  | 960.00   |
| TOTAL This Period (last page this line numb   | per only)   |  |

| CHEDULE A (FEC Form 3X<br>EMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                   | FOR LINE NUMBER: PAGE 88 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 [                  |
|---|---|---|
| ny information copied from such Reports and for commercial purposes, other than using t | Statements may not be sold or used by any phe name and address of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                          |   |   |
| Full Name (Last, First, Middle Initial) Ms. Michelle Serbenski Pelletier                |   | Date of Receipt   |
| Mailing Address 51255 38th Street   |   | 06 17 2009  |
| City Paw Paw  | State Zip Code MI 49079-8315  | Transaction ID: 17270608  Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.                              | C   | 210.00  |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                   | Occupation Vice President   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 210.00   |   |
| Full Name (Last, First, Middle Initial) Ms Annette Phillips                             |   | Date of Receipt   |
| Mailing Address 24011 Timber Creek  | Lane  | 06 / 17 / 2009  |
| City  | State Zip Code  | Transaction ID: 17270609  |
| Brownstown  | MI 48134-8013   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                              | C   | 250.00  |
| Name of Employer<br>Mercy Memorial Hospital<br>System                                   | Occupation President & CEO  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General  Other (specify) ▼  | 250.00  |   |
| Full Name (Last, First, Middle Initial) Ms. Sue Reinoehl                                |   | Date of Receipt   |
| Mailing Address 8804 Weeping Pine   | Ln  | 0 6 1 7 2 0 0 9   |
| City  | State Zip Code  | Transaction ID: 17270610  |
| Kalamazoo FEC ID number of contributing   | MI 49009-6733   | Amount of Each Receipt this Period 250.00   |
| federal political committee.  |   |   |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                   | Occupation Vice President   |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 250.00  |   |
| CURTOTAL of Possints This Page (antional)   |   | 710.00  |

|                         | LE A (FEC Form 3X) D RECEIPTS                     |                               | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 89 / 162 (check only one)    X   11a                                  |
|-------------------------|---|-------------------------------|--|---|
| or for commer           | rcial purposes, other than using the              | tatements may<br>name and add | not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \                       | COMMITTEE (In Full) n Hospital Association PAC    |                               |  |   |
| Mr. Robert              | •   |                               |  | Date of Receipt   |
| Mailing Ad              | dress 45989 Tournament Dri                        | ve                            |  | 06 17 2009  |
| City                    |   | State                         | Zip Code   | Transaction ID: 17270611  |
| Northville              |   | MI                            | 48167-9633   | Amount of Each Receipt this Period  |
|                         | imber of contributing itical committee.           | C                             |  | 500.00  |
| Name of E<br>Henry Fore | mployer<br>d Health System                        | Occupation<br>Chief Op        | n<br>erating Officer   |   |
| Receipt Fo              |   | Aggregate                     | Year-to-Date ▼   |   |
| Prim Othe               | er (specify) ▼                                    | 0 0                           | 500.00   |   |
|                         | (Last, First, Middle Initial)<br>M. Roach, FHIMSS |                               |  | Date of Receipt   |
| Mailing Ad              | dress 10601 Stoneyfield Ct.                       |                               |  | 0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City                    |   | State                         | Zip Code   | Transaction ID: 17270612  |
| <u>Pinckney</u>         |   | MI                            | 48169-9584   | Amount of Each Receipt this Period  |
|                         | imber of contributing itical committee.           | C                             |  | 210.00  |
| Name of E<br>Allegiance | mployer<br>Health                                 | Occupation Director,          | n<br>Information Systems   |   |
| Receipt Fo              |   | Aggregate                     | Year-to-Date ▼   |   |
| Prim Othe               | er (specify) ♥                                    |                               | 210.00   |   |
| Full Name  Mr. Gary R   | (Last, First, Middle Initial) ounding             |                               |  | Date of Receipt   |
| Mailing Ad              | dress 22350 Banyan Hideawa                        | ay Dr.                        |  | 06 17 2009  |
| City                    |   | State                         | Zip Code   | Transaction ID: 17270614  |
| Bonita S                | •   | FL                            | 34135-8151   | Amount of Each Receipt this Period  |
|                         | imber of contributing itical committee.           | C                             |  | 250.00  |
| Name of E<br>Henry Fore | mployer<br>d Health System                        | Occupation<br>Administr       |  |   |
| Receipt Fo              |   | Aggregate                     | Year-to-Date ▼   |   |
| Prim Othe               | er (specify) ♥                                    |                               | 250.00   |   |
| SUBTOTAL                | of Receipts This Page (optional)                  |                               |  | 960.00  |
|                         | Period (last page this line number of             |                               | <u> </u>   |   |

| Any information copied from such Paparts and  | Detailed Summary Page  | X   11a   11b   11c   12   13   14   15   16   17  |
|---|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | Statements may not be sold or used by any person ne name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  Mr. Matthew Rush  Mailing Address 321 East Harris Stree                | et   | Date of Receipt  |
| City<br>Charlotte   | State Zip Code MI 48813-1697   | Transaction ID: 17270615  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.  | C  | 400.00   |
| Name of Employer Hayes Green Beach Memorial Hospital Receipt For:  Primary  General  Other (specify) ▼          | Occupation President and Chief Executive Officer  Aggregate Year-to-Date   400.00                    |  |
| Full Name (Last, First, Middle Initial) Mr. Frank J Sardone Mailing Address One Healthcare Plaza                | a  | Date of Receipt  0 6 1 7 2 0 0 9   |
| City  | State Zip Code   | Transaction ID: 17270616   |
| Kalamazoo  FEC ID number of contributing federal political committee.   | MI 49007-5339  | Amount of Each Receipt this Period 500.00  |
| Name of Employer Bronson Healthcare Group, Inc. Receipt For: Primary General                                    | Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  500.00                   |  |
| Full Name (Last, First, Middle Initial)   |  |  |
| Mr. David Seaman  Mailing Address 805 Ledge Moor Blvd   | i.   | Date of Receipt    M M   |
| City  | State Zip Code   | Transaction ID: 17270617   |
| Grand Ledge  FEC ID number of contributing federal political committee.   | MI 48837-2037  | Amount of Each Receipt this Period 750.00  |
| Name of Employer<br>Michigan Health & Hospital<br>Association   | Occupation Executive Vice President  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 750.00  |  |
| SUBTOTAL of Receipts This Page (optional)   | <b>&gt;</b>  | 1650.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ()  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 91 / 162 (check only one)    X                     |
|--|---|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC | the name and add                                  | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                           |
| Full Name (Last, First, Middle Initial)  Ms. Joy Strand  Mailing Address 54922 Sunset Drive  City  | State   | Zip Code  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| Dowagiac  FEC ID number of contributing federal political committee.   | C   | 49047-9461  | Amount of Each Receipt this Period  250.00                               |
| Name of Employer Borgess Health Alliance  Receipt For:  Primary General  Other (specify) ▼   | Occupation Adminstr Aggregate                     |   |  |
| Full Name (Last, First, Middle Initial)  Mr Kenneth L Taft  Mailing Address 2964 East T Ave.   |   |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City   | State   | Zip Code  | Transaction ID: 17270620   |
| Portage  FEC ID number of contributing federal political committee.  | C   | 49002-7533  | Amount of Each Receipt this Period  375.00                               |
| Name of Employer Bronson Healthcare Group, Inc. Receipt For:  ☐ Primary ☐ General  Other (specify) ▼   | <del>-                                     </del> | e Vice President and COO e Year-to-Date  375.00                               |  |
| Full Name (Last, First, Middle Initial) Mr. Terence A. Thomas  |   |   | Date of Receipt  |
| Mailing Address 18214 Parkside   |   |   | 0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| City   | State   | Zip Code  | Transaction ID: 17270622   |
| Detroit  FEC ID number of contributing federal political committee.  | C   | 48221-2727  | Amount of Each Receipt this Period  280.00                               |
| Name of Employer<br>St. John Health  | Occupation<br>Senior Vi                           | n<br>ice President, External Affair   |  |
| Receipt For: Primary General Other (specify)   | Aggregate   | e Year-to-Date ▼<br>280.00  |  |
| SUBTOTAL of Receipts This Page (optional   |   |   | 905.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>K)</b>            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 92/162   (check only one)            |
|--|----------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may    | y not be sold or used by any perso  | on for the purpose of soliciting contributions               |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAG                           | <u> </u>             |   |  |
| Full Name (Last, First, Middle Initial) Mr. Mike Way                                     |                      |   | Date of Receipt  |
| Mailing Address 7049 Turkey Glen   | Trail                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| City<br>Kalamazoo  | State<br>MI          | Zip Code<br>49009-7031  | Transaction ID: 17270623  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                               | C                    | 43003 7001  | 210.00   |
| Name of Employer<br>Bronson Healthcare Group,<br>Inc.                                    | Occupation Vice Pres |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | Year-to-Date ▼ 210.00   |  |
| Full Name (Last, First, Middle Initial) Ms. Mary Lou Wesley                              |                      |   | Date of Receipt  |
| Mailing Address 5301 East Huron R  | 06 17 2009           |   |  |
| City<br>Ypsilanti  | State<br>MI          | Zip Code<br>48197-1051  | Transaction ID: 17270624                                     |
| FEC ID number of contributing federal political committee.                               | C                    | 40197-1031  | Amount of Each Receipt this Period  500.00                   |
| Name of Employer<br>St. Joseph Mercy Hospital  | Occupation Chief Nu  | n<br>rsing Officer  |  |
| Receipt For:  Primary General  Other (specify) ▼   | ·                    | e Year-to-Date ▼ 500.00   |  |
| Full Name (Last, First, Middle Initial) Mr. Lawrence H. Wilhite                          |                      |   | Date of Receipt  |
| Mailing Address 3006 Pinto Circle  |                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| City<br>Lansing  | State<br>MI          | Zip Code<br>48906-9082  | Transaction ID: 17270625  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                               | C                    | 10000 0002  | 250.00   |
| Name of Employer<br>Sparrow Hospital   | Occupation Vice Pres | n<br>sident, Legal and Risk Mana  | gem  |
| Receipt For:  Primary General  Other (specify) ▼   |                      | e Year-to-Date ▼<br>250.00  |  |
| SUBTOTAL of Receipts This Page (optional   |                      |   | 960.00   |

| mmercial purposes, other than using the GOF COMMITTEE (In Full) rican Hospital Association PAC lame (Last, First, Middle Initial) atthew G VanVranken g Address 5669 Watermark Ct. S and Rapids ID number of contributing all political committee.  The of Employer trum Health pt For: Primary General Other (specify)  lame (Last, First, Middle Initial) | E  State Zip Code MI 49546-6487  C  Occupation President  Aggregate Year-to-Date  \$\square{\textbf{M}}\$  | Date of Receipt  M M M D D D 2 0 0 9  Transaction ID: 17270627  Amount of Each Receipt this Period  500.00   |
|---|--|--|
| rican Hospital Association PAC  lame (Last, First, Middle Initial) atthew G VanVranken g Address 5669 Watermark Ct. S  and Rapids D number of contributing al political committee.  of Employer trum Health  pt For: Primary General Other (specify)   lame (Last, First, Middle Initial)   | State Zip Code MI 49546-6487  C  Occupation President  Aggregate Year-to-Date  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| atthew G VanVranken g Address 5669 Watermark Ct. S  and Rapids D number of contributing al political committee.  of Employer trum Health  pt For: Primary General Other (specify)   lame (Last, First, Middle Initial)  | State Zip Code MI 49546-6487  C  Occupation President  Aggregate Year-to-Date  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| nd Rapids  ID number of contributing al political committee.  e of Employer trum Health  pt For:  Primary General  Other (specify)   lame (Last, First, Middle Initial)   | State Zip Code MI 49546-6487  C  Occupation President  Aggregate Year-to-Date  | 0 6 1 7 2 0 0 9  Transaction ID: 17270627  Amount of Each Receipt this Period  |
| D number of contributing al political committee.  e of Employer trum Health  pt For:  Primary General  Other (specify) ▼  | MI 49546-6487  C Occupation President  Aggregate Year-to-Date  | Amount of Each Receipt this Period   |
| D number of contributing al political committee.  e of Employer trum Health  pt For:  Primary General  Other (specify) ▼  | Occupation President  Aggregate Year-to-Date   |  |
| pt For: Primary General Other (specify) ▼  lame (Last, First, Middle Initial)   | President Aggregate Year-to-Date ▼   | _  |
| Primary General Other (specify) ▼  lame (Last, First, Middle Initial)   |  |  |
|   | <u> </u>   |  |
|   |  | Date of Receipt  |
| g Address 12675 Riviera Heights   | Road   | 06 18 2009   |
|   | State Zip Code   | Transaction ID: 17271864   |
| S Summit  | MO 65043-2039  | Amount of Each Receipt this Period   |
|   | C  | 87.50  |
| e of Employer<br>ouri Hospital Associa-   | Occupation Sr. Vice President, Health Policy   |  |
| Primary General   | Aggregate Year-to-Date ▼  350.00   |  |
| ,   |  | Date of Receipt  |
| g Address 611 Belridge Drive<br>P.O. Box 60   |  | 06 18 2009   |
| rean City   | •  | Transaction ID: 17271867   |
| D number of contributing  | C 65109-0735   | Amount of Each Receipt this Period 62.50   |
|   | Occupation Sr. Vice President, Governmental Rela   | <u>-</u>   |
| Primary General   | Aggregate Year-to-Date ▼  250.00   |  |
| TAL of Receipts This Page (optional)  |  | 650.00   |
|   | ID number of contributing al political committee.  e of Employer ouri Hospital Associatipt For: Primary General Other (specify) ▼  Idame (Last, First, Middle Initial) aniel R. Landon ang Address 611 Belridge Drive P.O. Box 60  erson City  ID number of contributing al political committee.  e of Employer ouri Hospital Associatipt For: Primary General Other (specify) ▼  TAL of Receipts This Page (optional) | wight L. Fine  Ig Address 12675 Riviera Heights Road  State Zip Code MO 65043-2039  ID number of contributing al political committee.  Pof Employer Duri Hospital Associa-  Ipt For: Ig Address 611 Belridge Drive P.O. Box 60  State Zip Code MO 65043-2039  Occupation Sr. Vice President, Health Policy Aggregate Year-to-Date ▼  State Zip Code MO 65109-0755  C  Occupation Sr. Vice President, Health Policy  Aggregate Year-to-Date ▼  Occupation St. Vice President, Governmental Relation of Employer C  Occupation State Zip Code MO 65109-0755  C  Occupation St. Vice President, Governmental Relation of Employer Suri Hospital Associa- Ipt For: Primary General  Occupation Sr. Vice President, Governmental Relation of Employer Occupation Sr. Vice President of Employer Occupation |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                                     | FOR LINE NUMBER: PAGE 94 / 162 (check only one)    X  |
|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC   | Statements may not be sold or used by any person the name and address of any political committee to               | n for the purpose of soliciting contributions   |
| Full Name (Last, First, Middle Initial) Mr. Marc D. Smith Mailing Address 5612 Tanner Bridge I  City Jefferson City  | Road State Zip Code MO 65101-8275   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Association  Receipt For:  Primary General  Other (specify) ▼   | Occupation President and Chief Executive Officer  Aggregate Year-to-Date   500.00                                 | 125.00  |
| Full Name (Last, First, Middle Initial) Mr. Vincent J McCorkle, , CHE Mailing Address 8 Wagon Dr.  City Wilbraham  FEC ID number of contributing federal political committee.  Name of Employer Sisters of Providence Health System Receipt For: Primary General Other (specify) | State Zip Code MA 01095-1678  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  350.00  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) Mr. William G Robertson  Mailing Address 2000 Sondra Court  City Silver Spring  FEC ID number of contributing federal political committee.  Name of Employer Adventist HealthCare  Receipt For: Primary General Other (specify)          | State Zip Code MD 20905-3950  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date  350.00 | Date of Receipt  M M J D D D 2009  Transaction ID: 17273675  Amount of Each Receipt this Period  350.00 |
| SUBTOTAL of Receipts This Page (optional)  | ·   | 825.00  |

|        | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                       | FOR LINE NUMBER: PAGE 95 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 1            |
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| A<br>0 | ny information copied from such Reports and S<br>for commercial purposes, other than using the | tatements may not be sold or used by any personance and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|        | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                 |   |   |
|        | Full Name (Last, First, Middle Initial)<br>Mr. Larry D. Hancock                                |   | Date of Receipt   |
|        | Mailing Address 10183 South Loridan L  |   | 06 19 2009  |
|        | City   | State Zip Code UT 84092-4494  | Transaction ID: 17273794  |
|        | Sandy FEC ID number of contributing federal political committee.                               | C 84092-4494  | Amount of Each Receipt this Period  350.00  |
|        | Name of Employer<br>Intermountain Healthcare,<br>Inc.  | Occupation Chief Operating Officer  |   |
|        | Receipt For:   | Aggregate Year-to-Date ▼  |   |
|        | Primary General Other (specify) ▼  | 350.00  |   |
| _      | Full Name (Last, First, Middle Initial)<br>Ms Erica Silver Dahl                                |   | Date of Receipt   |
|        | Mailing Address 36 South State Street,   | 22nd Fl   | 06 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|        | City   | State Zip Code  | Transaction ID: 17273795  |
|        | Salt Lake City   | UT 84111-1624   | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                     | C   | 250.00  |
|        | Name of Employer<br>Intermountain Healthcare,<br>Inc.  | Occupation Director of Community Realations   |   |
|        | Receipt For:   | Aggregate Year-to-Date ▼  |   |
|        | Primary General Other (specify) ▼  | 250.00  |   |
|        | Full Name (Last, First, Middle Initial)<br>Mr Brian M Kent                                     |   | Date of Receipt   |
|        | Mailing Address 36 South State Street,   | 22nd Fl   | 0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|        | City   | State Zip Code  | Transaction ID: 17273797  |
|        | Salt Lake City   | UT 84111-1624   | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                     | C   | 250.00  |
|        | Name of Employer<br>Intermountain Healthcare,<br>Inc.  | Occupation<br>Administrator   |   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00   |   |
| Г      |  |   | 850.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 96 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|---|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| American Hospital Association PAC   |   |   |
| Full Name (Last, First, Middle Initial) Mr. Scott Bowman  |   | Date of Receipt   |
| Mailing Address 304 Wright Street   | State Zin Code  | 0 6 1 9 2 0 0 9 2 0 0 9   |
| City<br>Sweetwater  | State Zip Code TN 37874-2897  | Transaction ID: 17273798  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.  | C   | 500.00  |
| Name of Employer<br>Sweetwater Hospital   | Occupation Administrator  |   |
| Receipt For: Primary General  | Aggregate Year-to-Date ▼ 500.00   |   |
| Other (specify)   |   |   |
| Full Name (Last, First, Middle Initial) Mr. Robert S. Gordon  |   | Date of Receipt   |
| Mailing Address 7891 Cross Pike Dr  | ive   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State Zip Code  | Transaction ID: 17273799  |
| Germantown  | TN 38138-8117   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 500.00  |
| Name of Employer<br>Baptist Memorial Health<br>Care Corporati   | Occupation Executive Vice President & CAO   |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary ☐ General Other (specify) ▼   | 500.00  |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Scott Millikan, MD   |   | Date of Receipt   |
| Mailing Address 2800 10th Avenue I  |   | 06 19 2009  |
| City<br>Billings  | State Zip Code MT 59101-0703  | Transaction ID: 17273864  |
| FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period  250.00  |
| Name of Employer<br>Billings Clinic   | Occupation<br>Trustee   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00   |   |
| SUBTOTAL of Receipts This Page (optional  | l)  | 1250.00   |
| TOTAL This Period (last page this line num  | ·   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                | FOR LINE NUMBER: PAGE 97 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 17         |
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| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG | nd Statements may not be sold or used by any person the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Andrew S. Davidson Mailing Address 2123 Ridgebrook D   |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| City<br>West Linn  | State Zip Code OR 97068-1943   | Transaction ID: 17277126  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |
| Name of Employer Oregon Association of Hospitals & Heal Receipt For:  Primary General Other (specify) ▼  | Occupation President & CEO  Aggregate Year-to-Date   500.00  |   |
| Full Name (Last, First, Middle Initial) Ms. Linda Lang Mailing Address 4000 Kruse Way Pl   | ace #2-100   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| City   | State Zip Code   | Transaction ID: 17277128  |
| Lake Oswego  FEC ID number of contributing federal political committee.  | OR 97035-2543  | Amount of Each Receipt this Period 350.00   |
| Name of Employer Oregon Association of Hospitals & Heal Receipt For:  Primary General Other (specify) ▼  | Occupation Director of Rural Health Services  Aggregate Year-to-Date   350.00                          |   |
| Full Name (Last, First, Middle Initial) Ms. Gwen Dayton  |  | Date of Receipt   |
| Mailing Address 12781 SW Terravie  | w Drive  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State Zip Code   | Transaction ID: 17277129  |
| Tigard  FEC ID number of contributing federal political committee.   | OR 97224-0703  | Amount of Each Receipt this Period  250.00  |
| Name of Employer<br>Oregon Association of Hos-<br>pitals & Heal  | Occupation Vice President & General Counsel  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  |   |
| CURTOTAL of Province This Province   | J)   | 1100.00   |

| FEC ID number of contributing federal political committee.    Name of Employer Oregon Association of Hospitals & Heal Receipt For:   Primary  | MBER: PAGE 98 / 162<br>)<br>11b 11c 12<br>14 15 16 17 |
|---|---|
| A. American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mr. Andy Van Pelt  Mailing Address 4000 Kruse Way Place Building 2, Suite 100  City Lake Oswego OR 97035-5545  FEC ID number of contributing federal political committee.  Name of Employer Oregon Association of Hospitals & Heal Mailing Address 18839 Roundtree  City Oregon City OR 97045-3920  FEC ID number of contributing federal political committee.  City Oregon City OR 97045-3920  Date of Rect  Mo 6  Transaction  Amount of E  Date of Rect  Mo 6  Transaction  Amount of E  City Oregon City OR 97045-3920  Cocupation Oregon Association of Hospitals & Heal Receipt For: Primary General Other (specify) ▼  City State Zip Code Oregon Association of Hospitals & Heal Receipt For: Primary General Other (specify) ▼  Cocupation Director of Finance Primary General Other (specify) ▼  Date of Rect  Mailing Address 2155 Eaton Drive  City State Zip Code OR 97403-1732  FEC ID number of contributing federal political committee.  City State Zip Code OR 97403-1732  Date of Rect  Transaction  Amount of E  Cocupation Director of Finance  Transaction  Amount of E  Cocupation Oregon Association of Hospitals & Heal Receipt For: Primary General Oregon Association of Hospitals & Heal Cocupation Oregon Association of Hospitals  | of soliciting contributions s from such committee.    |
| Milling Address 4000 Kruse Way Place Building 2, Suite 100 City Lake Oswego OR 97035-5545  FEC ID number of contributing federal political committee.  Name of Employer Oregon Association of Hospitals & Heal Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mas. Peggy Allen Mailing Address 18839 Roundtree  City Oregon City Oregon City Oregon Association of Hospitals & Heal Receipt For: Primary General Other (specify) ▼  State Zip Code OR 97045-3920  Date of Receipt For: Primary General Oregon City Oregon City Oregon City Oregon Association of Hospitals & Heal Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Director of Finance State Zip Code Other (specify) ▼  Date of Receipt For: Primary General Oregon Association of Hospitals & Heal Receipt For: Primary General Oregon City Oregon City Oregon City Oregon Sascoiation of Hospitals & Heal Receipt For: Primary General Oregon City Oregon City Oregon City Oregon City Oregon City Oregon Sascoiation of Hospitals & Heal Receipt For: Primary General Oregon City Oregon Cit |   |
| Building 2, Suite 100  City State Zip Code OR 97035-5545  FEC ID number of contributing federal political committee.  Name of Employer Oregon Association of Hospitals & Heal Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mame of Employer Oregon Association of Hospitals & Heal Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Name of Employer Oregon City State Zip Code OR 97045-3920  FEC ID number of contributing federal political committee.  Name of Employer Oregon Association of Hospitals & Heal Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Date of Receipt For:  Primary General Oregon Association of Hospitals & Heal Receipt For:  Primary General Oregon Association of Hospitals & Heal Receipt For:  Primary General Oregon Association of Hospitals & Heal Receipt For:  Primary General Oregon Association Oregon Association of Hospitals & Heal Receipt For:  Primary General Oregon Association Oregon Association of Hospitals & Heal Oreg | ·   |
| Lake Oswego  OR  97035-5545  Amount of E  FEC ID number of contributing federal political committee.  Name of Employer Oregon Association of Hospitals & Heal  Name of Employer Oregon Association of Hospitals & Heal  Other (specify) ▼  City  State Zip Code  OR  97045-3920  Amount of E  Transaction  Date of Receipt For:  Name of Employer Oregon Association of Hospitals & Heal  Receipt For:  Primary General  Other (specify) ▼  City  State Zip Code  OR  97045-3920  Amount of E  City  Cupation  Director of Communications  Aggregate Year-to-Date ▼  Transaction  Oregon City  State Zip Code  OR  97045-3920  Amount of E  Transaction  Director of Finance  Aggregate Year-to-Date ▼  Primary General  Other (specify) ▼  State Zip Code  OR  97045-3920  Amount of E  Transaction  Director of Finance  Aggregate Year-to-Date ▼  Date of Receipt For:  Post of Finance  Aggregate Year-to-Date ▼  Date of Receipt For:  Paceipt For:  OR  97403-1732  Amount of E  C  Cocupation  OR  97403-1732  Amount of E  OR  97403-1732  | 22 2009   |
| FEC ID number of contributing federal political committee.  Name of Employer Oregor Association of Hospitals & Heal Receipt For:  Primary General Other (specify) ▼   | ach Receipt this Period                               |
| pitals & Heal Receipt For:  | 210.00  |
| Full Name (Last, First, Middle Initial)  Ms. Peggy Allen  Mailing Address 18839 Roundtree  City  Oregon City  FEC ID number of contributing federal political committee.  Name of Employer Oregon Association of Hospitals & Heal Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial) Dr. Steve Gordon, MD  Mailing Address 2155 Eaton Drive  City  State  State  Zip Code Transaction  Amount of E  Aggregate Year-to-Date  Aggregate Year-to-Date  Transaction  Date of Receipt For:  State  OR  97403-1732  Date of Receipt For:  M M M M M M M M M M M M M M M M M M M  |   |
| City Oregon City OR 97045-3920 Amount of E  FEC ID number of contributing federal political committee.  Name of Employer Oregon Association of Hospitals & Heal Receipt For: Primary Other (specify) ▼  City State  FEC ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial) Dr. Steve Gordon, MD Mailing Address 2155 Eaton Drive  City State  FEC ID number of contributing federal political committee.  Name of Employer PeaceHealth  Name of Employer PeaceHealth  Primary  General  Occupation Orcupation Orcupation Occupation Ophrector of Finance Aggregate Year-to-Date  Transaction  Date of Receipt For: OCcupation VP/Chief Quality Officer Aggregate Year-to-Date  Aggregate Year-to-Date  Transaction  Amount of E  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  | eipt  |
| Oregon City  OR  97045-3920  Amount of E  FEC ID number of contributing federal political committee.  Name of Employer Oregon Association of Hospitals & Heal Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Steve Gordon, MD  Mailing Address 2155 Eaton Drive  City State Zip Code Transaction  Eugene OR  FEC ID number of contributing federal political committee.  Name of Employer PeaceHealth  Primary General  Occupation VP/Chief Quality Officer  Receipt For:  Aggregate Year-to-Date ▼  Cocupation VP/Chief Quality Officer  Aggregate Year-to-Date ▼  Amount of E  Amount of E  Amount of E  Amount of E  Aggregate Year-to-Date ▼  Primary General  |   |
| Name of Employer Oregon Association of Hospitals & Heal Receipt For:  | each Receipt this Period                              |
| Oregon Association of Hospitals & Heal Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial) Dr. Steve Gordon, MD Mailing Address 2155 Eaton Drive  City State Zip Code Eugene OR 97403-1732  FEC ID number of contributing federal political committee.  Name of Employer PeaceHealth  Name of Employer PeaceHealth  Primary General  Director of Finance  Aggregate Year-to-Date ▼  Occupation VP/Chief Quality Officer  Aggregate Year-to-Date ▼  | 295.00  |
| Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Dr. Steve Gordon, MD  Mailing Address 2155 Eaton Drive  City State Zip Code Eugene OR 97403-1732  FEC ID number of contributing federal political committee.  Name of Employer PeaceHealth  Name of Employer PeaceHealth  Primary General  Primary General  Z95.00  Date of Receivation OR 97403-1732  C  Amount of Employer PeaceHealth  VP/Chief Quality Officer  Aggregate Year-to-Date ▼   |   |
| Dr. Steve Gordon, MD  Mailing Address 2155 Eaton Drive  City State Zip Code Eugene OR 97403-1732  FEC ID number of contributing federal political committee.  Name of Employer PeaceHealth  Neceipt For: Primary General  Date of Received R |   |
| City State Zip Code Transaction  Eugene OR 97403-1732  FEC ID number of contributing federal political committee.  C  Name of Employer PeaceHealth  VP/Chief Quality Officer  Receipt For:  Primary General  Occupation VP/Chief Quality Officer  Aggregate Year-to-Date ▼  |   |
| Eugene OR 97403-1732  Amount of E  FEC ID number of contributing federal political committee.  C  Name of Employer PeaceHealth VP/Chief Quality Officer  Receipt For: Primary General  Amount of E  Aggregate Year-to-Date ▼  | D D / Y Y Y Y Y Y 2 0 0 9                             |
| FEC ID number of contributing federal political committee.  Name of Employer PeaceHealth  VP/Chief Quality Officer  Receipt For:  Primary General  C  Occupation VP/Chief Quality Officer   | ID: 17277133  |
| PeaceHealth VP/Chief Quality Officer  Receipt For: Aggregate Year-to-Date ▼  Primary General  | ach Receipt this Period 250.00                        |
| Receipt For:  Aggregate Year-to-Date ▼  Primary General   |   |
| Other (specify) ▼ 250.00  |   |
| SUBTOTAL of Receipts This Page (optional)   | 755.00  |

|                 | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 99 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|-----------------|---|-------------------------------|---|---|
| A               | ny information copied from such Reports and Si<br>for commercial purposes, other than using the | tatements may<br>name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions solicit contributions from such committee. |
|                 | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                  |                               |   |   |
| ∠<br>A.         | Full Name (Last, First, Middle Initial)<br>Mr. Roy G Vinyard, , FACHE                           |                               |   | Date of Receipt   |
|                 | Mailing Address 2650 Siskiyou Blvd, Su  |                               |   | 06 22 7 2009  |
|                 | City<br>Medford   | State<br>OR                   | Zip Code<br>97504-8170  | Transaction ID: 17277134  Amount of Each Receipt this Period                              |
|                 | FEC ID number of contributing federal political committee.                                      | C                             | 37304-0170  | 500.00  |
|                 | Name of Employer<br>Asante Health System  | Occupation<br>President       | n<br>t and Chief Executive Office   | <del>-</del>  <br> -  |
|                 | Receipt For:  Primary General  Other (specify) ▼  |                               | Year-to-Date ▼ 500.00   |   |
| —<br>В.         | Full Name (Last, First, Middle Initial) Mr. Melvin R Creeley                                    |                               |   | Date of Receipt   |
|                 | Mailing Address 425 West Fifth Street   |                               |   | 06 23 2009  |
|                 | City  | State                         | Zip Code  | Transaction ID: 17284059  |
|                 | East Liverpool  | OH                            | 43920-2498  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.                                      | С                             |   | 250.00  |
|                 | Name of Employer<br>East Liverpool City Hospi-<br>tal   | Occupation President          | t   |   |
|                 | Receipt For: Primary General Other (specify)  | Aggregate                     | Year-to-Date ▼ 250.00   |   |
| <br>C.          | Full Name (Last, First, Middle Initial)<br>Mr. Matthew J Perry                                  |                               |   | Date of Receipt   |
|                 | Mailing Address 2951 Maple Avenue   |                               |   | 06 23 2009  |
|                 | City  | State                         | Zip Code  | Transaction ID: 17284078  |
|                 | Zanesville FEC ID number of contributing federal political committee.                           | ОН                            | 43701-1406  | Amount of Each Receipt this Period 250.00   |
|                 | Name of Employer<br>Genesis HealthCare System   | Occupation<br>President       | n<br>t and Chief Executive Office   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | Year-to-Date ▼ 250.00   |   |
| \[\frac{1}{2}\] | SUBTOTAL of Receipts This Page (optional)   |                               |   | 1000.00   |
|                 | FOTAL This Period (last page this line number of  |                               | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | <b>.</b> )                          | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 100 / 162   (check only one)                                      |
|---|-------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may                    | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                            |                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                       |   |
| Full Name (Last, First, Middle Initial) Mr. Daniel L Wakeman                              |                                     |   | Date of Receipt   |
| Mailing Address 5901 Monclova Roa   | ıd                                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>Maumee  | State<br>OH                         | Zip Code<br>43537-1841  | Transaction ID: 17284151  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                                | C                                   | 40007 1041  | 500.00  |
| Name of Employer<br>St. Luke's Hospital   | Occupation<br>Presiden              | n<br>t and Chief Executive Office   |   |
| Receipt For:  Primary General  Other (specify) ▼  |                                     | e Year-to-Date ▼<br>500.00  |   |
| Full Name (Last, First, Middle Initial) Mr. Matthew Lambert, M.D.                         |                                     |   | Date of Receipt   |
| Mailing Address 9801 Renner Boulev  | vard, Ste. 10                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State<br>KS                         | Zip Code  | Transaction ID: 17285304  |
| Lenexa FEC ID number of contributing federal political committee.                         | C                                   | 66219-9718  | Amount of Each Receipt this Period  350.00  |
| Name of Employer Sisters of Charity of Lea- venworth Heal Receipt For: Primary General    | Occupation<br>Board Di<br>Aggregate |   | 1   |
| Other (specify)   | 0 0                                 |   |   |
| Full Name (Last, First, Middle Initial) Mr. George G Couch                                |                                     |   | Date of Receipt   |
| Mailing Address 36 Floral Drive   |                                     |   | 06 25 2009  |
| City<br>Wheeling  | State<br>WV                         | Zip Code<br>26003-5464  | Transaction ID: 17285307  |
| FEC ID number of contributing federal political committee.                                | C                                   | 20003-3464  | Amount of Each Receipt this Period  500.00  |
| Name of Employer<br>Wetzel County Hospital  | Occupation Chief Exe                | n<br>ecutive Officer  |   |
| Receipt For:  Primary  General  Other (specify) ▼   |                                     | e Year-to-Date ▼<br>500.00  |   |
| SUBTOTAL of Receipts This Page (optional  |                                     |   | 1350.00   |

|          | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 101 / 162 (check only one)    X                                       |
|----------|---|--|---|
| <i>A</i> | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | American Hospital Association PAC   |  |   |
| ۸.       | Full Name (Last, First, Middle Initial) Mr. Michael A King Mailing Address 1503 Greenmont Hills                           |  | Date of Receipt   |
|          |   |  | 06 25 2009  |
|          | City<br><u>Vienna</u>   | State Zip Code WV 26105-3282   | Transaction ID: 17285309  Amount of Each Receipt this Period                                |
|          | FEC ID number of contributing federal political committee.  | C 20103 3232   | 500.00  |
|          | Name of Employer<br>Camden-Clark Memorial Hos-<br>pital   | Occupation President and Chief Executive Office  | r   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |   |
| _<br>3.  | Full Name (Last, First, Middle Initial) Mr. Albert Pilkington, III Mailing Address 93 Aquifir Lane                        |  | Date of Receipt   |
|          | Mailing Address 93 Aquilir Lane   |  | 06 25 2009  |
|          | City  | State Zip Code WV 25419  | Transaction ID: 17285314  |
|          | Falling Waters  FEC ID number of contributing federal political committee.  | WV 25419   | Amount of Each Receipt this Period  250.00  |
|          | Name of Employer<br>WVU Hospitals - East  | Occupation President & Chief Executive Officer   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00  | ]   |
| -<br>;.  | Full Name (Last, First, Middle Initial)<br>Ms Karen O Moore, , R.N., MS   |  | Date of Receipt   |
|          | Mailing Address 40 Main St<br>Apt A   |  | 06 26 2009  |
|          | City Shelburne Falls  | State Zip Code MA 01370-1154   | Transaction ID: 17289212  Amount of Each Receipt this Period                                |
|          | FEC ID number of contributing federal political committee.  | C  | 350.00  |
|          | Name of Employer<br>Kindred Hospital, Springf-<br>iled, MA  | Occupation<br>CEO  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 350.00  |   |
| Γ        |   |  | 1100.00   |

| SCHEDULE A (FE   |                                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 102 / 162 (check only one)    X                                       |
|--|-------------------------------------|---|---|
| Any information copied from or for commercial purposes,  NAME OF COMMITTEE  American Hospital As | (In Full)                           | lay not be sold or used by any person<br>ddress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, M<br>Mr. Patrick Charmel<br>Mailing Address 130 E                        | ddle Initial) Division Street State | Zip Code  | Date of Receipt    M   M   D   D   2 6   2 0 0 9  |
| Derby FEC ID number of contrib federal political committee                                       |                                     | 06418-1326  | Amount of Each Receipt this Period 500.00   |
| Name of Employer Griffin Hospital  Receipt For:  Primary  Other (specify) ▼                      |                                     | ent and Chief Executive Office<br>tte Year-to-Date ▼<br>500.00                | ]   |
| Full Name (Last, First, M<br>Mr. Roger J Reamer<br>Mailing Address 300 N                         | ,<br>                               |   | Date of Receipt  0 6 2 6 2 0 0 9  |
| City   | State                               | Zip Code  | Transaction ID: 17289258  |
| Seward   | NE                                  | 68434-2228  | Amount of Each Receipt this Period  |
| FEC ID number of contrib<br>federal political committee  |                                     |   | 350.00  |
| Name of Employer<br>Memorial Health Care Sy<br>ems   | st- Occupat<br>Chief E              | ion<br>xecutive Officer   |   |
| Receipt For:  Primary  Other (specify) ▼   | Aggrega<br>General                  | ate Year-to-Date ▼ 350.00   |   |
| Full Name (Last, First, M<br>Mr. Rod Betit   | ddle Initial)                       |   | Date of Receipt   |
| Mailing Address 426 N  | Main Street                         |   | 06 26 7 2009  |
| City   | State<br>AK                         | Zip Code  | Transaction ID: 17289260  |
| Juneau FEC ID number of contribution federal political committee                                 | outing                              | 99801-1152  | Amount of Each Receipt this Period 500.00   |
| Name of Employer<br>Alaska State Hospital &<br>Nursing Home A<br>Receipt For:                    | <del>   </del>                      | ent and Chief Executive Office  | <u>-</u>  |
|  | Aggrega                             | tte Year-to-Date ▼ 500.00   |   |
| SUBTOTAL of Receipts Th  | nis Page (optional)                 |   | 1350.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 103 / 162 (check only one)    X                                    |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC | d Statements may not be sold or used by any person<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs Mailing Address 23 E. Delaware Aver  | State Zip Code   | Date of Receipt    M   M     D   D     Y   Y   Y   Y   Y   Y   Y                         |
| Pennington  FEC ID number of contributing federal political committee.  | NJ 08534-2302  | Amount of Each Receipt this Period   |
| Name of Employer New Jersey Hospital Association Receipt For:  ☐ Primary ☐ General  Other (specify) ▼   | Occupation General Counsel  Aggregate Year-to-Date   315.00  |  |
| Full Name (Last, First, Middle Initial) Ms. Deborah K Zastocki, , FACHE Mailing Address 42 Long Ridge Road  | ı  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| City Randolph FEC ID number of contributing   | State Zip Code NJ 07869-4571   | Transaction ID: 17289427  Amount of Each Receipt this Period  500.00                     |
| Rame of Employer Chilton Memorial Hospital  | Occupation President and Chief Executive Officer   |  |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 500.00  |  |
| Full Name (Last, First, Middle Initial) Mr. Shawn Smothers Mailing Address 317 First Avenue, N  | W  | Date of Receipt  0 6 29 2009   |
| P. O. Box 697 City Kenmare  | State Zip Code<br>ND 58746-7104  | Transaction ID: 17291926  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.  | C  | 750.00   |
| Name of Employer<br>Trinity Health  | Occupation Chief Executive Officer   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 750.00  |  |
|   |  | 1260.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                        | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 104 / 162 (check only one)  X 11a 11b 11c 12 |
|---|------------------------|---|--|
| Any information copied from such Reports and  | Statements may         | v not be sold or used by any perso                                      | n for the purpose of soliciting contributions                      |
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC | ne name and add        | dress of any political committee to                                     | solicit contributions from such committee.                         |
| Full Name (Last, First, Middle Initial)   |                        |   |  |
| Mr. Thomas Nordwick   |                        |   | Date of Receipt  |
| Mailing Address P O Box 1450  |                        |   | 06 29 2009   |
| City<br>Douglas   | State<br>WY            | Zip Code<br>82633-1450  | Transaction ID: 17291930  Amount of Each Receipt this Period       |
| FEC ID number of contributing federal political committee.  | C                      | 02000 1100  | 500.00   |
| Name of Employer<br>Memorial Hospital of Conv-<br>erse County   | Occupation<br>Presiden | n<br>t and Chief Executive Office                                       | <br>r  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | e Year-to-Date ▼ 500.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mr. Daniel J. Perdue   |                        |   | Date of Receipt  |
| Mailing Address 2005 Warren Avenue<br>Post Office Box 249   | •                      |   | 06 29 7 2009   |
| City  | State                  | Zip Code  | Transaction ID: 17291931   |
| Cheyenne  FEC ID number of contributing federal political committee.  | C                      | 82001-3725  | Amount of Each Receipt this Period 250.00                          |
| Name of Employer<br>Wyoming Hospital Associa-<br>tion   | Occupation<br>Presiden |   |  |
| Receipt For: Primary General Other (specify)  | Aggregate              | e Year-to-Date ▼<br>250.00  |  |
| Full Name (Last, First, Middle Initial)<br>Ms. Debra K Boardman   |                        |   | Date of Receipt  |
| Mailing Address 323 South Minnesota   | Street                 |   | 06 30 2009   |
| City<br>Crookston   | State<br>MN            | Zip Code<br>56716-1600  | Transaction ID: 17292209   |
| FEC ID number of contributing federal political committee.  | C                      | 36710-1600  | Amount of Each Receipt this Period 250.00                          |
| Name of Employer<br>Riverview Healthcare Asso-<br>ciation   | Occupation<br>Presiden | n<br>t and Chief Executive Office                                       | r  |
| Receipt For: Primary General Other (specify)  | Aggregate              | Year-to-Date ▼<br>250.00  |  |
| SUBTOTAL of Receipts This Page (optional)   |                        |   | 1000.00  |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 105 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16            |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC   | Statements may not be sold or used by any person e name and address of any political committee to        | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Larry A. Schulz Mailing Address 7650 Edwinborough \ Suite 200 City Minneapolis FEC ID number of contributing federal political committee.  Name of Employer Catholic Health Initiatives Receipt For: | Vay  State Zip Code MN 55435-5978  C  Occupation Sr. Vice President, Operations Aggregate Year-to-Date ▼ | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Maureen Tarrant  Mailing Address 10101 Ridge Gate Pa  | 250.00   | Date of Receipt   |
| City   | State Zip Code   | 0 6 3 0 2 0 0 9<br>Transaction ID: 17292219   |
| Lone Tree  FEC ID number of contributing federal political committee.  | CO 80124-5522  | Amount of Each Receipt this Period  1000.00   |
| Name of Employer Sky Ridge Medical Center  Receipt For:  Primary General Other (specify) ▼   | Occupation Chief Executive Officer  Aggregate Year-to-Date   1000.00                                     | ]   |
| Full Name (Last, First, Middle Initial)<br>Mr. Bruce Schroffel   | · I  | Date of Receipt   |
| Mailing Address 12605 East 16th Aver   |  | 06 30 7 2009  |
| City<br><u>Aurora</u>  | State         Zip Code           CO         80045-7109   | Transaction ID: 17292226  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |
| Name of Employer University of Colorado Hospital Receipt For:  Primary  General  | Occupation Chief Executive Officer  Aggregate Year-to-Date ▼   |   |
| Other (specify)  | 500.00   |   |
| SUBTOTAL of Receipts This Page (optional)  | <b>_</b>   | 1750.00   |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                         | FOR LINE NUMBER: PAGE 106 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 1             |
|--------|--|---|--|
| A<br>0 | any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may not be sold or used by any pers<br>name and address of any political committee to | son for the purpose of soliciting contributions o solicit contributions from such committee. |
|        | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                     |   |  |
|        | Full Name (Last, First, Middle Initial)<br>Mr. Robert S. Austin                                    |   | Date of Receipt  |
|        | Mailing Address 555 Prospect Avenue  |   | 06 30 2009   |
|        | City   | State Zip Code  | Transaction ID: 17292230   |
|        | Estes Park   | CO 80517-6347   | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.   | C   | 350.00   |
|        | Name of Employer<br>Estes Park Medical Center  | Occupation President  |  |
|        | Receipt For:   | Aggregate Year-to-Date ▼  |  |
|        | Primary General Other (specify) ▼  | 350.00  |  |
| _      | Full Name (Last, First, Middle Initial)<br>Ms. Katie Vaughan                                       | <u>L</u>  | Date of Receipt  |
|        | Mailing Address 506A East Howell Ave   | nue   | 06 30 7 2009   |
|        | City   | State Zip Code  | Transaction ID: PR1034595122603  |
|        | Alexandria   | VA 22301-1216   | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.   | C   | 40.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                    | Occupation Associate Director   |  |
|        | Receipt For:   | Aggregate Year-to-Date ▼  |  |
|        | Primary General Other (specify) ▼  | 240.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)  |
| _      | Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton                                    | <u> </u>  | Date of Receipt  |
|        | Mailing Address 325 Seventh Street, N' Suite 700   | N   | 06 30 7 2009   |
|        | City   | State Zip Code  | Transaction ID: PR1045726222603  |
|        | Washington   | DC 20004-2818   | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.   | C   | 78.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                    | Occupation Senior Vice President & General Cou  | unse   |
|        | Receipt For:   | Aggregate Year-to-Date ▼  | _  |
|        | Primary General Other (specify) ▼  | 468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)  |
| Γ      |  |   | 468.00   |

|         | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS                            | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 107 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 1         |
|---------|--|--|---|
| A<br>oı | for commercial purposes, other than using the                      | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full)  American Hospital Association PAC     |  |   |
|         | Full Name (Last, First, Middle Initial)<br>Mr. Stephen Mayfield    |  | Date of Receipt   |
|         | Mailing Address One North Franklin Str<br>Suite 32139              |  | 06 30 2009  |
|         | City   | State Zip Code   | Transaction ID: PR1302378922603   |
|         | Chicago FEC ID number of contributing federal political committee. | IL 60606   | Amount of Each Receipt this Period  86.96   |
|         | Name of Employer<br>American Hospital Associa-<br>tion-Chicago     | Occupation Senior Vice President   |   |
|         | Receipt For: Primary General Other (specify)                       | Aggregate Year-to-Date ▼ 391.32  | P/R Deduction (\$43.48 Bi-<br>Weekly)   |
| _       | Full Name (Last, First, Middle Initial) Ms. Frances Margolin       |  | Date of Receipt   |
|         | Mailing Address One North Franklin                                 |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City   | State Zip Code   | Transaction ID: PR1347702722603   |
|         | Chicago  | IL 60606-3436  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.         | C  | 40.00   |
|         | Name of Employer<br>American Hospital Associa-<br>tion-Chicago     | Occupation Vice President, Operations HRET   |   |
|         | Receipt For: Primary General Other (specify)                       | Aggregate Year-to-Date ▼ 240.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
| _       | Full Name (Last, First, Middle Initial)<br>Mr. James Wadzinski     |  | Date of Receipt   |
|         | Mailing Address One North Franklin                                 |  | 06 30 YYYYY<br>2009   |
|         | City   | State Zip Code   | Transaction ID: PR1347703422603   |
|         | Chicago  | IL 60606-3436  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.         | C  | 40.00   |
|         | Name of Employer<br>American Hospital Associa-<br>tion-Chicago     | Occupation Vice President Account Services   |   |
|         | Receipt For:  Primary General  Other (specify) ▼                   | Aggregate Year-to-Date ▼ 890.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
| Γ,      | SUBTOTAL of Receipts This Page (optional)                          |  | 166.96  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS                                   | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 108 / 162 (check only one)    X                                     |
|---|--|---|
| or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persole name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| American Hospital Association PAC   |  |   |
| Full Name (Last, First, Middle Initial)<br>Mr. Jack A. Mackay               |  | Date of Receipt   |
| Mailing Address One North Franklin  |  | 06 30 2009  |
| City  | State Zip Code   | Transaction ID: PR1347703622603   |
| Chicago   | IL 60606-3436  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C  | 40.00   |
| Name of Employer<br>American Hospital Associa-                              | Occupation   | 7   |
| tion-Chicago Receipt For:   | Vice President & CIO  Aggregate Year-to-Date ▼   |   |
| Primary General   |  | P/R Deduction (\$20.00 Bi-  |
| Other (specify) ▼   | 240.00   | Weekly)   |
| Full Name (Last, First, Middle Initial)<br>Ms. Catherine D. Sewell          |  | Date of Receipt   |
| Mailing Address One North Franklin  |  | 06 30 YYYYY<br>2009   |
| City  | State Zip Code   | Transaction ID: PR1347708422603   |
| Chicago   | IL 60606-3436  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C  | 78.00   |
| Name of Employer<br>American Hospital Associa-                              | Occupation Executive Director, ASHHRA  |   |
| tion-Chicago Receipt For:   | Aggregate Year-to-Date ▼   | _   |
| Primary General   |  | P/R Deduction (\$39.00 Bi-  |
| Other (specify)   | 468.00   | Weekly)   |
| Full Name (Last, First, Middle Initial) Mr. John Slotman                    |  | Date of Receipt   |
| Mailing Address 325 Seventh Street,<br>Suite 700                            | NW   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State Zip Code   | Transaction ID: PR1384065322603   |
| Washington  | DC 20004-2802  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C  | 78.00   |
| Name of Employer<br>American Hospital Associa-<br>tion-Washingt             | Occupation Associate Director, Federal Relations   |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 468.00   | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
|   |  | 196.00  |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 109 / 162 (check only one)    X                                       |
|----|--|-----------------------------------|---|---|
| A  | ny information copied from such Reports and S<br>for commercial purposes, other than using the | Statements may<br>e name and addr | not be sold or used by any personess of any political committee to            | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                 |                                   |   |   |
|    | Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake                                 |                                   |   | Date of Receipt   |
|    | Mailing Address One North Franklin   |                                   |   | 0 6 3 0 Y Y Y Y Y   |
|    | City<br>Chicago  | State<br>IL                       | Zip Code<br>60606-3436  | Transaction ID: PR1492459922603   |
|    | FEC ID number of contributing federal political committee.                                     | C                                 | 00000-3430  | Amount of Each Receipt this Period 40.00  |
|    | Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General          | 1                                 | Executive Director - ASHH<br>Year-to-Date ▼                                   | P/R Deduction (\$20.00 Bi-  |
| _  | Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Linda Fishman                   | 0 0                               |   | Date of Receipt   |
|    | Mailing Address 325 Seventh Street, N<br>Suite 700   | IW                                |   | 0 6 3 0 2 0 0 9   |
|    | City   | State                             | Zip Code  | Transaction ID: PR327629122603  |
|    | Washington FEC ID number of contributing federal political committee.                          | C                                 | 20004-2818  | Amount of Each Receipt this Period  78.00   |
|    | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                | Occupation<br>Senior Vic          | e President, Public Policy  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate \                       | Year-to-Date ▼<br>468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| _  | Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner                                   |                                   |   | Date of Receipt   |
|    | Mailing Address 11004 Petersborough  | Drive                             |   | 06 30 2009  |
|    | City   | State                             | Zip Code  | Transaction ID: PR327745922603  |
|    | Rockville  | MD                                | 20852-3249  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                                 |   | 78.00   |
|    | Name of Employer<br>American Hospital Associa-<br>tion-Washingt<br>Receipt For:                | <del>, '</del>                    | Grassroots Advocacy<br>Year-to-Date ▼   |   |
|    | Primary General Other (specify) ▼  | 0 0                               | 468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| Γ, | SUBTOTAL of Receipts This Page (optional)  |                                   |   | 196.00  |

|   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                    | FOR LINE NUMBER: PAGE 110 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 1              |
|---|--|--|---|
| A | ny information copied from such Reports and S<br>for commercial purposes, other than using the           | Statements may not be sold or used by any persename and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
|   | NAME OF COMMITTEE (In Full)  American Hospital Association PAC   |  |   |
|   | Full Name (Last, First, Middle Initial)<br>Ms. Debra J. Stock  |  | Date of Receipt   |
|   | Mailing Address 1022 S. Harvey Avenu   | ie   | 06 30 2009  |
|   | City<br>Oak Park   | State Zip Code IL 60304-2132   | Transaction ID: PR327777822603  Amount of Each Receipt this Period                            |
|   | FEC ID number of contributing federal political committee.   | C  | 40.00   |
|   | Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General Other (specify) ▼ | Occupation Vice President, Member Relations  Aggregate Year-to-Date ▼  240.00              | P/R Deduction (\$20.00 Bi-Weekly)   |
| _ | Full Name (Last, First, Middle Initial)<br>Mr. Neil J. Jesuele   |  | Date of Receipt   |
|   | Mailing Address 1003 Kimberly Place  |  | 06 30 2009  |
|   | City   | State Zip Code   | Transaction ID: PR327801722603  |
|   | Great Falls  | VA 22066-1546  | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.   | C  | 40.00   |
|   | Name of Employer<br>American Hospital Associa-<br>tion-Washinot  | Occupation Executive Vice President  |   |
|   | Receipt For:   | Aggregate Year-to-Date ▼   |   |
|   | Primary General Other (specify) ▼  | 240.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
| _ | Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN                              |  | Date of Receipt   |
|   | Mailing Address 325 Seventh Street, N<br>Suite 700   | W  | 06 30 7 2009  |
|   | City   | State Zip Code   | Transaction ID: PR327812022603  |
|   | Washington   | DC 20004-2818  | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.   | C  | 78.00   |
|   | Name of Employer<br>American Hospital Associa-<br>tion-Washingt<br>Receipt For:                          | Occupation Chief Executive Officer, AONE   |   |
|   | Primary General Other (specify) ▼  | Aggregate Year-to-Date ▼ 468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| Γ | SUBTOTAL of Receipts This Page (optional)  | 1  | 158.00  |

|             | HEDULE A (FEC Form 3X)  MIZED RECEIPTS  |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 111 / 162 (check only one)    X   11a                                 |
|-------------|---|-------------------------------|---|---|
| or fo       | information copied from such Reports and St<br>or commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>American Hospital Association PAC | tatements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| <u> </u>    | Full Name (Last, First, Middle Initial)<br>Ms. Joan H. Lewis  |                               |   | Date of Receipt   |
| _           | Mailing Address 6034 North 22nd Street  |                               |   | 06 30 2009  |
|             | City<br>Arlington   | State<br>VA                   | Zip Code<br>22205-3408  | Transaction ID: PR327831722603  Amount of Each Receipt this Period                          |
| F           | EC ID number of contributing ederal political committee.  | C                             |   | 40.00   |
| <u>t</u>    | Name of Employer American Hospital Associa- ion-Washingt Receipt For: Primary General Other (specify)   | _ <del>'</del>                | Executive  Year-to-Date   240.00  | P/R Deduction (\$20.00 Bi-Weekly)   |
| 3. <u>I</u> | Full Name (Last, First, Middle Initial)<br>Ms. Ellen A. Pryga   |                               |   | Date of Receipt   |
| N           | Mailing Address 2401 Calvert Street, NV<br>Apt. 1008  | N                             |   | 06 30 2009  |
|             | Dity  | State                         | Zip Code  | Transaction ID: PR327851922603  |
| -<br>F      | Washington FEC ID number of contributing ederal political committee.  | C                             | 20008-2614  | Amount of Each Receipt this Period 40.00  |
| <u>t</u>    | Name of Employer<br>American Hospital Associa-<br>ion-Washingt  |                               | Policy Development  |   |
| ľ           | Receipt For: Primary General Other (specify)  | Aggregate                     | e Year-to-Date ▼ 240.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
|             | Full Name (Last, First, Middle Initial)<br>Mr. Mark Seklecki  |                               |   | Date of Receipt   |
| <u></u>     | Mailing Address 325 Seventh Street, NV Suite 700  | V                             |   | 06 30 7 2009  |
|             | Dity<br>Washington  | State<br>DC                   | Zip Code<br>20004-2818  | Transaction ID: PR327858022603  |
| F           | FEC ID number of contributing ederal political committee.   | C                             | 20004-2018  | Amount of Each Receipt this Period  78.00   |
| <u>t</u>    | Name of Employer<br>American Hospital Associa-<br>ion-Washingt  |                               | sident, Political Affairs   |   |
| F           | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| SU          | BTOTAL of Receipts This Page (optional)   |                               |   | 158.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | ν)                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)    X                             |
|--|------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may      | y not be sold or used by any perso  | n for the purpose of soliciting contributions     |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                           |                        |   |   |
| Full Name (Last, First, Middle Initial) Mr. John F. Barry                                |                        |   | Date of Receipt                                   |
| Mailing Address One North Franklin   |                        |   | M M / D D / Y Y Y Y Y Y Y O O O O O O O O O O O O |
| City   | State                  | Zip Code  | Transaction ID: PR327877822603                    |
| Millis   | MA                     | 60606-3436  | Amount of Each Receipt this Period                |
| FEC ID number of contributing federal political committee.                               | C                      |   | 78.00   |
| Name of Employer<br>American Hospital Associa-<br>tion-Chicago                           | Occupatio<br>Regional  | n<br>Executive  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼<br>468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)             |
| Full Name (Last, First, Middle Initial)<br>Mr. George F. Bergstrom                       |                        |   | Date of Receipt                                   |
| Mailing Address 130 North Garland #3002  | Court                  |   | 06 30 7 2009                                      |
| City   | State                  | Zip Code  | Transaction ID: PR327895722603                    |
| Chicago  FEC ID number of contributing federal political committee.                      | C                      | 60602-4750  | Amount of Each Receipt this Period 40.00          |
| Name of Employer<br>American Hospital Associa-<br>tion-Chicago                           | Occupatio<br>Vice Pres |   |   |
| Receipt For:   | Aggregate              | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  | 0 0                    | 240.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)             |
| Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock                       |                        |   | Date of Receipt                                   |
| Mailing Address 325 Seventh Street,<br>Suite 700   | , NW                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |
| City   | State                  | Zip Code  | Transaction ID: PR328132822603                    |
| Washington   | DC                     | 20004-2818  | Amount of Each Receipt this Period                |
| FEC ID number of contributing federal political committee.                               | C                      |   | 78.00   |
| Name of Employer<br>American Hospital Associa-<br>tion-Washingt                          | <del>- ' '</del>       | t and Chief Executive Officer   |   |
| Receipt For:  Primary  General   | Aggregate              | e Year-to-Date ▼  | P/R Deduction (\$20.00 Pi                         |
| Other (specify)  |                        | 468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)             |
| SUBTOTAL of Receipts This Page (optional   | <u> </u>               |   | 196.00  |

|   | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS                            | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 113 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 1        |
|---|---|---|--|
| 0 | for commercial purposes, other than using the                       | Statements may not be sold or used by any perso<br>e name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|   | NAME OF COMMITTEE (In Full)  American Hospital Association PAC      |   |  |
|   | Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach        |   | Date of Receipt  |
|   | Mailing Address 204 7th Ave   | Ctota 7in Coda  | 06 30 2009<br>2009   |
|   | City<br>La Grange   | State Zip Code IL 60525-6406  | Transaction ID: PR328136922603  Amount of Each Receipt this Period                       |
|   | FEC ID number of contributing federal political committee.          | C   | 78.00  |
|   | Name of Employer<br>American Hospital Associa-<br>tion-Chicago      | Occupation Sr. Vice President, Member Relations   |  |
|   | Receipt For:  | Aggregate Year-to-Date ▼  |  |
|   | Primary ☐ General Other (specify) ▼                                 | 468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)  |
| _ | Full Name (Last, First, Middle Initial)<br>Ms. Donna J. Melkonian   |   | Date of Receipt  |
|   | Mailing Address 5545 North Wayne                                    |   | 06 30 2009   |
|   | City  | State Zip Code  | Transaction ID: PR328223822603   |
|   | Chicago   | IL 60640-1318   | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.          | C   | 78.00  |
|   | Name of Employer<br>American Hospital Associa-<br>tion-Chicago      | Occupation Vice President   |  |
|   | Receipt For:  | Aggregate Year-to-Date ▼  |  |
|   | Primary General Other (specify) ▼                                   | 468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)  |
| _ | Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D. |   | Date of Receipt  |
|   | Mailing Address 13106 Vingle Lane                                   |   | 0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|   | City  | State Zip Code  | Transaction ID: PR328224922603   |
|   | Silver Spring   | MD 20906  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.          | C   | 78.00  |
|   | Name of Employer<br>American Hospital Associa-<br>tion-Washingt     | Occupation Senior Vice President  |  |
|   | Receipt For:  Primary General  Other (specify) ▼                    | Aggregate Year-to-Date ▼ 468.00   | P/R Deduction (\$39.00 Bi-<br>Weekly)  |
| Γ | CURTOTAL of Descripto This Dags (entires)                           |   | 234.00   |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | for each ca  | ate schedule(s)<br>ategory of the<br>ummary Page | FOR LINE NUMBER: PAGE 114 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16         |
|--------|--|--|--|--|
| A<br>0 | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | tatements may not be sold on name and address of any p | or used by any person<br>olitical committee to s | for the purpose of soliciting contributions solicit contributions from such committee. |
|        | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                   |  |  |  |
| _      | Full Name (Last, First, Middle Initial)<br>Mr. Ron O. Purcell                                    |  |  | Date of Receipt  |
|        | Mailing Address 1093 N. Faldo Way  |  |  | 06 30 7 2009   |
|        | City<br>Eagle  | State Zip Code ID 83616-5                              |  | Transaction ID: PR328241422603  Amount of Each Receipt this Period                     |
|        | FEC ID number of contributing federal political committee.                                       | С  |  | 40.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                   | Occupation Regional Executive                          |  | -  |
|        | Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date                                 | 240.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)  |
| _      | Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack                                   |  |  | Date of Receipt  |
|        | Mailing Address 3475 North Venice Str  | eet  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|        | City   | State Zip Code   | )  | Transaction ID: PR328260922603   |
|        | Arlington  | VA 22207-4   | 446  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                       | C  |  | 78.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                  | Occupation Executive Vice President                    | dent   |  |
|        | Receipt For:   | Aggregate Year-to-Date                                 | ▼  |  |
|        | Primary General Other (specify) ▼  |  | 468.00   | P/R Deduction (\$39.00 Bi-<br>Weekly)  |
| _      | Full Name (Last, First, Middle Initial)<br>Mr. Richard H. Wade                                   |  |  | Date of Receipt  |
|        | Mailing Address 1221 Cavalier Road   |  |  | 06 30 2009   |
|        | City   | State Zip Code   | )  | Transaction ID: PR328310422603   |
|        | Arnold   | MD 21012-2   | 126  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                       | C  |  | 78.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                  | Occupation Senior Vice Presider                        |  | un   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                                 | 468.00   | P/R Deduction (\$39.00 Bi-<br>Weekly)  |
| Γ      | SUBTOTAL of Receipts This Page (optional)  | <u> </u>   |  | 196.00   |

|                | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 115 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 11        |
|----------------|--|--|---|
| A<br>C         | any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|                | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                     |  |   |
| ۸.             | Full Name (Last, First, Middle Initial) Ms. Lori M. Schor  |  | Date of Receipt   |
|                | Mailing Address 325 Seventh Street, NV Suite 700   | N  | 06 30 7 2009  |
|                | City   | State Zip Code   | Transaction ID: PR328341822603  |
|                | Washington FEC ID number of contributing   | DC 20004-2818  | Amount of Each Receipt this Period  78.00   |
|                | federal political committee.   | C  | 76.00   |
|                | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                    | Occupation Director, Political Action & Grassroot  |   |
|                | Receipt For:   | Aggregate Year-to-Date ▼   |   |
|                | Primary General Other (specify) ▼  | 468.00   | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| _<br>3.        | Full Name (Last, First, Middle Initial)<br>Ms. Carolyn Forcina                                     |  | Date of Receipt   |
|                | Mailing Address 200 Clover Hill Court  |  | 0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|                | City   | State Zip Code   | Transaction ID: PR328511822603  |
|                | Yardley  | PA 19067-5736  | Amount of Each Receipt this Period  |
|                | FEC ID number of contributing federal political committee.   | C  | 78.00   |
|                | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                     | Occupation Regional Executive  |   |
|                | Receipt For:   | Aggregate Year-to-Date ▼   |   |
|                | Primary General Other (specify) ▼  | 468.00   | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| . <del>-</del> | Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell                                     |  | Date of Receipt   |
| -              | Mailing Address 1501 N. Harrison Street  | et   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|                | City   | State Zip Code   | Transaction ID: PR328512022603  |
|                | Arlington  | VA 22205-2726  | Amount of Each Receipt this Period  |
|                | FEC ID number of contributing federal political committee.   | C  | 40.00   |
|                | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                    | Occupation Vice President, Media Relations   |   |
|                | Receipt For: Primary General   | Aggregate Year-to-Date ▼   | D/D Deduction (figs. so B)  |
|                | Other (specify)  | 240.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
|                | CURTOTAL of Descripto This Descriptoral)   |  | 196.00  |

|   | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                            | FOR LINE NUMBER: PAGE 116 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 1         |
|---|--|--|---|
| 0 | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | statements may not be sold or used by any person<br>name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|   | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                   |  |   |
|   | Full Name (Last, First, Middle Initial)<br>Mr. Anthony J. Burke                                  |  | Date of Receipt   |
|   | Mailing Address One North Franklin Av  |  | 06 30 7 2009  |
|   | City<br>Chicago  | State Zip Code IL 60606  | Transaction ID: PR328913322603  Amount of Each Receipt this Period                        |
|   | FEC ID number of contributing federal political committee.                                       | C  | 88.00   |
|   | Name of Employer<br>American Hospital Associa-<br>tion   | Occupation President & CEO, AHA Solutions, Inc   |   |
|   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 396.00  | P/R Deduction (\$44.00 Bi-<br>Weekly)   |
|   | Full Name (Last, First, Middle Initial)<br>Ms. Rebecca Chickey                                   |  | Date of Receipt   |
|   | Mailing Address One North Franklin Sti   | reet   | 06 30 7 2009  |
|   | City   | State Zip Code   | Transaction ID: PR329013422603  |
|   | Chicago  | IL 60606   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                                       | C  | 40.00   |
|   | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                   | Occupation SPSA Director   |   |
|   | Receipt For:   | Aggregate Year-to-Date ▼   |   |
|   | Primary General Other (specify) ▼  | 240.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
| _ | Full Name (Last, First, Middle Initial)<br>Dr. John R. Combes, MD                                |  | Date of Receipt   |
|   | Mailing Address One North Franklin   |  | 06 30 2009  |
|   | City   | State Zip Code   | Transaction ID: PR329071322603  |
|   | Chicago  | IL 60606-3436  | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                                       | C  | 78.00   |
|   | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                   | Occupation President & Chief Operating Officer, (  |   |
|   | Receipt For:  Primary General  Other (specify)   | Aggregate Year-to-Date ▼ 468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
|   | SURTOTAL of Receipts This Page (optional)  |  | 206.00  |

|        | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | Use separate schedul<br>for each category of th<br>Detailed Summary Pa             | ne (crieck orling orle)  |
|--------|--|--|--|
| A<br>0 | ny information copied from such Reports and S<br>for commercial purposes, other than using the | statements may not be sold or used by an<br>name and address of any political comm | ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee. |
|        | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                 |  |  |
|        | Full Name (Last, First, Middle Initial)<br>Ms. Robyn Cooke                                     |  | Date of Receipt  |
|        | Mailing Address 325 Seventh Street, N<br>Suite 700   |  | 06 30 7 2009   |
|        | City<br><u>Washington</u>  | State         Zip Code           DC         20004-2818                             | Transaction ID: PR329084422603  Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                     | C  | 40.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Washingt<br>Receipt For:                | Occupation Senior Associate Director  Aggregate Year-to-Date                       |  |
|        | Primary General Other (specify) ▼  | 240.   | P/R Deduction (\$20.00 Bi-<br>Weekly)  |
|        | Full Name (Last, First, Middle Initial)<br>Mr. W. Thomas Deweese                               |  | Date of Receipt  |
|        | Mailing Address 500 Interstate Bouleva   | rd South   | 06 30 7 2009   |
|        | City   | State Zip Code   | Transaction ID: PR329215722603   |
|        | Nashville  | TN 37210-4634  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                     | C  | 78.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                 | Occupation AHA Regional Executive  |  |
|        | Receipt For:   | Aggregate Year-to-Date ▼   |  |
|        | Primary General Other (specify) ▼  | 468.   | 00 P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| _      | Full Name (Last, First, Middle Initial)<br>Ms. Patricia Meersman                               |  | Date of Receipt  |
|        | Mailing Address One North Franklin   |  | 06 30 7 2009   |
|        | City   | State Zip Code   | Transaction ID: PR330343322603   |
|        | Chicago  | IL 60606-3436  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                     | C  | 40.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Chicago<br>Receipt For:                 | Occupation Senior Director Member Relati Aggregate Year-to-Date ▼                  | ons  |
|        | Primary General Other (specify) ▼  | Aggregate Year-to-Date ¥   | P/R Deduction (\$20.00 Bi-Weekly)  |
| Γ      | SUBTOTAL of Receipts This Page (optional)  | 1  | 158.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                                  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 118 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 1           |
|----|--|----------------------------------|--|---|
| A  | ny information copied from such Reports and S<br>for commercial purposes, other than using the | Statements may<br>e name and add | y not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                 |                                  |  |   |
|    | Full Name (Last, First, Middle Initial)<br>Mr. Thomas Misfeldt                                 |                                  |  | Date of Receipt   |
|    | Mailing Address One North Franklin   |                                  |  | 06 30 2009  |
|    | City<br>Chicago  | State<br>IL                      | Zip Code<br>60606-3436   | Transaction ID: PR330411622603  Amount of Each Receipt this Period                          |
|    | FEC ID number of contributing federal political committee.                                     | C                                |  | 40.00   |
|    | Name of Employer<br>American Hospital Associa-<br>tion-Chicago<br>Receipt For:                 | <del>, '</del>                   | n<br>e Regional Executive<br>e Year-to-Date <b>V</b>                     |   |
|    | Primary General Other (specify)  | , iggi egale                     | 240.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
|    | Full Name (Last, First, Middle Initial)<br>Mr. Paul N. Muraca                                  |                                  |  | Date of Receipt   |
|    | Mailing Address 4960 138th Cricle We   | st                               |  | 06 30 YYYYY<br>2009   |
|    | City   | State                            | Zip Code   | Transaction ID: PR330475422603  |
|    | Apple Valley   | MN                               | 55124-9229   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                                |  | 78.00   |
|    | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                 | Occupatio<br>Regional            | n<br>Executive   |   |
|    | Receipt For:   | Aggregate                        | e Year-to-Date 🔻   |   |
|    | Primary General Other (specify) ▼  |                                  | 468.00   | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| _  | Full Name (Last, First, Middle Initial)<br>Ms. Jennifer E. Mallard                             |                                  |  | Date of Receipt   |
|    | Mailing Address 6109 North 9th Road  |                                  |  | 0 6 3 0 / Y Y Y Y Y Y Y   |
|    | City   | State                            | Zip Code   | Transaction ID: PR330534322603  |
|    | Arlington  | VA                               | 22205-1609   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                                |  | 40.00   |
|    | Name of Employer American Hospital Associa- tion-Washingt Receipt For:                         | <del>, '</del>                   | n<br>ssociate Director<br>e Year-to-Date ▼                               |   |
|    | Primary General Other (specify) ▼  | Aggregate                        | 240.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
| Γ, | SUBTOTAL of Receipts This Page (optional)  | 1                                |  | 158.00  |

|          | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | FOR LINE NUMBER: PAGE 119 / 162 (check only one)  X 11a 11b 11c 12  13 14 15 16 1        |
|----------|---|--|--|
| A        | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may not be sold or used by any person<br>name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\angle$ | American Hospital Association PAC   |  |  |
| ۱.       | Full Name (Last, First, Middle Initial)<br>Mr. Gene O'Dell  |  | Date of Receipt  |
|          | Mailing Address One North Franklin  |  | 06 30 / 2009   |
|          | City<br>Chicago   | State Zip Code IL 60606-3436   | Transaction ID: PR330547722603  Amount of Each Receipt this Period                       |
|          | FEC ID number of contributing federal political committee.  | C  | 40.00  |
|          | Name of Employer<br>American Hospital Associa-<br>tion-Chicago  | Occupation Vice President, Strategic Planning  |  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 240.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)  |
|          | Full Name (Last, First, Middle Initial)<br>Ms. Eileen O'Keefe   |  | Date of Receipt  |
|          | Mailing Address 172 Atteridge   |  | 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|          | City  | State Zip Code   | Transaction ID: PR330549222603   |
|          | Lake Forest  FEC ID number of contributing federal political committee.   | IL 60045-1715  | Amount of Each Receipt this Period 94.00   |
|          | Name of Employer<br>American Hospital Associa-<br>tion-Chicago  | Occupation Vice President, Constituency Section  | _  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 348.00  | P/R Deduction (\$47.00 Bi-<br>Weekly)  |
| _        | Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter  |  | Date of Receipt  |
| -        | Mailing Address 325 Seventh Street, NV Suite 700  | V  | 0 6 3 0 / Y Y Y Y Y  |
|          | City  | State Zip Code   | Transaction ID: PR330776122603   |
|          | Washington FEC ID number of contributing federal political committee.   | DC 20004-2818  | Amount of Each Receipt this Period 40.00   |
|          | Name of Employer<br>American Hospital Associa-<br>tion-Washingt   | Occupation V.P., Advocacy & Member Communic  | cations  |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 240.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)  |
|          | SUBTOTAL of Receipts This Page (optional)   |  | 174.00   |

|     | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                        | FOR LINE NUMBER: PAGE 120 / 162 (check only one)    X   11a                                 |
|-----|--|--|---|
| Α ο | ny information copied from such Reports and S<br>for commercial purposes, other than using the       | Statements may not be sold or used by any perse name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|     | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                       |  |   |
|     | Full Name (Last, First, Middle Initial)<br>Ms. Darlene S. Vanderbush                                 |  | Date of Receipt   |
|     | Mailing Address 26 West Glendale Ave   |  | 06 30 7 2009  |
|     | City<br><u>Alexandria</u>  | State         Zip Code           VA         22301-2402   | Transaction ID: PR331304222603  Amount of Each Receipt this Period                          |
|     | FEC ID number of contributing federal political committee.   | C  | 40.00   |
|     | Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) | Occupation Director Advocacy and Public Policy Aggregate Year-to-Date  240.00                  | Op P/R Deduction (\$20.00 Bi-Weekly)  |
| _   | Full Name (Last, First, Middle Initial)<br>Mr. Alex R. White, Sr.                                    |  | Date of Receipt   |
|     | Mailing Address PO Box 15587   |  | 06 30 / 2009  |
|     | City   | State Zip Code   | Transaction ID: PR331416022603  |
|     | Austin   | TX 78761-5587  | Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.   | C  | 116.00  |
|     | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                       | Occupation Regional Executive  |   |
|     | Receipt For:   | Aggregate Year-to-Date ▼   |   |
|     | Primary General Other (specify)  | 696.00   | P/R Deduction (\$58.00 Bi-<br>Weekly)   |
|     | Full Name (Last, First, Middle Initial)<br>Mr. Donald May  | <u> </u>   | Date of Receipt   |
|     | Mailing Address 521 Great Falls St.  |  | 0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|     | City   | State Zip Code   | Transaction ID: PR331533222603  |
|     | Falls Church   | VA 22046-2613  | Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.   | C  | 78.00   |
|     | Name of Employer<br>American Hospital Associa-<br>tion-Washingt<br>Receipt For:                      | Occupation Vice President, Policy  |   |
|     | Primary General Other (specify) ▼  | Aggregate Year-to-Date ▼ 468.00  | P/R Deduction (\$39.00 Bi-<br>Weekly)   |
|     | SUBTOTAL of Receipts This Page (optional) .  |  | 234.00  |

|        | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedul<br>for each category of the<br>Detailed Summary Pa      | ne (crieck drilly drie)  |
|--------|--|--|--|
| A<br>C | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | tatements may not be sold or used by a name and address of any political com | ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee. |
|        | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                    |  |  |
|        | Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy                                      |  | Date of Receipt  |
|        | Mailing Address One North Franklin   |  | 06 7 30 7 2009   |
|        | City<br>Chicago  | State Zip Code IL 60606-3436   | Transaction ID: PR346168122603  Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                       | C  | 39.84  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                   | Occupation Vice President, PMG   |  |
|        | Receipt For:  Primary General  | Aggregate Year-to-Date ▼   | P/R Deduction (\$19.92 Bi-   |
|        | Other (specify) ▼  | 221.   | Weekly)  |
|        | Full Name (Last, First, Middle Initial)<br>Ms. Kristin Welsh                                     |  | Date of Receipt  |
|        | Mailing Address 325 Seventh Street, N<br>Suite 700   | W  | 06 / 30 / Y Y Y Y Y Y  |
|        | City   | State Zip Code   | Transaction ID: PR517619722603   |
|        | Washington FEC ID number of contributing   | DC 20004-2818  | Amount of Each Receipt this Period   |
|        | federal political committee.   | C  | 78.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                  | Occupation Vice President Executive Bran                                     | ch Relati  |
|        | Receipt For:   | Aggregate Year-to-Date ▼   |  |
|        | Primary General Other (specify) ▼  | 468.   | 00 P/R Deduction (\$39.00 Bi-<br>Weekly)   |
| _      | Full Name (Last, First, Middle Initial) Mr. Carlos Jackson                                       |  | Date of Receipt  |
|        | Mailing Address 325 Seventh Street, N  | W  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|        | City   | State Zip Code   | Transaction ID: PR566280922603   |
|        | Washington   | DC 20004-2802  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                       | C  | 40.00  |
|        | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                  | Occupation Associate Director, Federal Re                                    | elations   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 240.  | P/R Deduction (\$20.00 Bi-<br>Weekly)  |
| Г      | SUBTOTAL of Receipts This Page (optional)  | 1  | 157.84   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 122 / 162 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                  |                                |   |   |
| Α. | Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson                                  |                                |   | Date of Receipt   |
|    | Mailing Address 606 S. Royal St.  |                                |   | 06 30 7 2009  |
|    | City  | State                          | Zip Code  | Transaction ID: PR766023722603  |
|    | Alexandria  | VA                             | 22314-4142  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                              |   | 40.00   |
|    | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                 | Occupation Director,           |   |   |
|    | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 240.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)   |
| В. | Full Name (Last, First, Middle Initial)<br>Ms. Lisa Kidder Hrobsky                              |                                |   | Date of Receipt   |
|    | Mailing Address 325 Seventh Street, N<br>Suite 700  | W                              |   | 06 30 7 2009  |
|    | City  | State                          | Zip Code  | Transaction ID: PR876637222603  |
|    | Washington  | DC                             | 20004-2818  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                              |   | 42.00   |
|    | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                 | Occupation Vice Pre-           | n<br>sident, Legislative Affairs  |   |
|    | Receipt For:  | Aggregate                      | e Year-to-Date  |   |
|    | Primary General Other (specify) ▼   |                                | 206.00  | P/R Deduction (\$21.00 Bi-<br>Weekly)   |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 82.00     |
|---|----------|-----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 127671.15 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                         | FOR LINE NUMBER: PAGE 123 / 162 (check only one)  11a 11b 11c X 12 13 14 15 16              |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any pers<br>name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| American Hospital Association PAC   |   |   |
| Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC  |   | Date of Receipt   |
| Mailing Address 5510 Research Park D  | rive State Zip Code   | 06 05 2009  |
| City<br>Madison   | WI 53725-9038   | Transaction ID: 17242019  Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.  | <b>C</b> C00359455  | 1000.00   |
| Name of Employer  | Occupation  |   |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 2000.00  |   |
| Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park D     | rive  | Date of Receipt   |
| City  | 06 10 2009  |   |
| Madison   | State Zip Code WI 53725-9038  | Transaction ID: 17255891  Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.  | <b>C</b> C00359455  | 1050.00   |
| Name of Employer  | Occupation  |   |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 3050.00  |   |
| Full Name (Last, First, Middle Initial)<br>Health Alliance of PA PAC - Federal  |   | Date of Receipt   |
| Mailing Address Post Office Box 8600  |   | 0 6 2 5 2 0 0 9   |
| City  | State Zip Code  | Transaction ID: 17287383  |
| Harrisburg  | PA 17105-8600   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | <b>C</b> C00128082  | 10000.00  |
| Name of Employer  | Occupation  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 50000.00   |   |
| SUBTOTAL of Receipts This Page (optional)   |   | 12050.00  |

| S                 | CHEDULE A (FEC Form 3X)  |              |   | FOR LINE NUMBER: PAGE 124 / 162    |
|-------------------|--|--------------|---|------------------------------------|
|                   | TEMIZED RECEIPTS   |              | Use separate schedule(s) for each category of the | (check only one)                   |
|                   |  |              | Detailed Summary Page                             | 13 14 15 16 17                     |
|                   | ny information copied from such Reports and State<br>for commercial purposes, other than using the nam |              |   |                                    |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full)  |              |   |                                    |
| $\rangle$         | American Hospital Association PAC  |              |   |                                    |
|                   | Full Name (Last, First, Middle Initial) PAC of Missouri Hospital Association                           |              |   | Date of Receipt                    |
|                   | Mailing Address P.O. Box 60  |              |   | 06 30 7 2009                       |
|                   | City   | State        | Zip Code  | Transaction ID: 17292223           |
|                   | Jefferson City   | MO           | 65102   | Amount of Each Receipt this Period |
|                   | FEC ID number of contributing federal political committee.   | <b>C</b> coo | )289777   | 500.00                             |
|                   | Name of Employer   | Occupation   | n   |                                    |
|                   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate    | Year-to-Date ▼ 500.00                             |                                    |

| SUBTOTAL of Receipts This Page (optional)           | <b>&gt;</b> | 500.00   |
|---|-------------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b>    | 12550.00 |

A.

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | )                                    | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 125 / 162 (check only one)  11a 11b 11c 12  13 14 15 X 16 17        |
|---|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may<br>the name and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   |                                      |   |   |
| American Hospital Association PAC   |                                      |   |   |
| Full Name (Last, First, Middle Initial) Cantor For Congress                                 |                                      |   | Date of Receipt   |
| Mailing Address P. O. Box 17813   |                                      |   | 06 30 7 2009  |
| City  | State                                | Zip Code  | Transaction ID: 17292224  |
| Richmond  | VA                                   | 23226   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                  | <b>C</b> coo                         | 0355461   | 1000.00   |
| Name of Employer  | Occupation                           | n   |   |
| Receipt For: 2010  X Primary General Other (specify) ▼                                      | Aggregate                            | e Year-to-Date ▼<br>1000.00   | Refund  |

| SUBTOTAL of Receipts This Page (optional)           | •        | 1000.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <u> </u> | 1000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 126 / 162 (check only one)  11a 11b 11c 12  13 14 15 16 X 17          |
|---|------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the     | Statements mage name and add | y not be sold or used by any pers<br>dress of any political committee t | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                    |                              |   |   |
| Full Name (Last, First, Middle Initial) Citibank, F.S.B.  Mailing Address 1400 G Street, NW  City | State                        | Zip Code  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                            |
| Washington  FEC ID number of contributing federal political committee.  Name of Employer          | C Occupatio                  | 20005<br>n  | Amount of Each Receipt this Period  190.38  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>1870.35   | Interest  |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 190.38 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 190.38 |

| SCHEDULE B (FEC FOIII 3X)  | Use separate schedule(s                           | ) (check onl      | NUMBER: PAGE 127 / 162   |
|--|---|-------------------|--|
| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | 21b<br>27         | 22 X 23 24 25 28a 28b 28c 29   |
| Any Information copied from such Reports and Stator for commercial purposes, other than using the na |   |                   |  |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                       | ine and address of any political                  |                   | Sicil Continuations from Such Committee  |
| Full Name (Last, First, Middle Initial) Forward Together PAC   |   |                   | Transaction ID: 17271841 Date of Disbursement  |
| Mailing Address 201 N. Union Street Suite 300  |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
| City<br>Alexandria   | State Zip Code<br>VA 22314                        |                   | Amount of Each Disbursement this Perio   |
| Purpose of Disbursement<br>2009 Contribution   |   | 011               | 2500.00  |
| Candidate Name Forward Together PAC  |   | Category/<br>Type |  |
| Office Sought: House Disbut Senate President State: District:  | sement For: Primary General Other (specify) ▼     |                   | 2009 Contribution  |
| Full Name (Last, First, Middle Initial) SnowPAC  |   |                   | Transaction ID: 17271842 Date of Disbursement  |
| Mailing Address 175 South West Temp<br>Suite 650   | е   |                   | $\begin{array}{c c} \begin{array}{c c} \begin{array}{c c} \\ \end{array} & \begin{array}{c cc \\ \end{array} & \begin{array}{$ |
| City<br>Salt Lake City   | State Zip Code<br>UT 84101                        |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>2009 Contribution   |   | 011               | 1000.00  |
| Candidate Name<br>SnowPAC  |   | Category/<br>Type |  |
| Office Sought: House Disbut Senate President State: District:  | sement For: Primary General Other (specify)       |                   | 2009 Contribution  |
| Full Name (Last, First, Middle Initial) Tallatchee Creek PAC   |   |                   | Transaction ID: 17271843 Date of Disbursement  |
| Mailing Address 3343 Allendale Place   |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
| City<br>Montgomery   | State Zip Code<br>AL 36111                        |                   | Amount of Each Disbursement this Perio   |
| Purpose of Disbursement<br>2009 Contribution   |   | 011               | 1000.00  |
| Candidate Name<br>Tallatchee Creek PAC   |   | Category/<br>Type |  |
| Senate President   | sement For:  Primary General  Other (specify) ▼   |                   | 2009 Contribution  |
| State: District:   |   |                   |  |
| SUBTOTAL of Disbursements This Page (optional  | I)  |                   | 4500.00  |

| CHEDULE B (FEC Form 3X)   | Use separate schedule(                            | s) FOR LINE (check on | E NUMBER: PAGE 128 / 16   |
|---|---|-----------------------|---|
| TEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | 21b                   | 22 X 23 24 25 28 28a 28b 28c 29   |
| ny Information copied from such Reports and Stater<br>for commercial purposes, other than using the nam |   |                       |   |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC  |   | <u>u commune te e</u> |   |
| Full Name (Last, First, Middle Initial) Majority Committee PAC  |   |                       | Transaction ID: 17271844 Date of Disbursement   |
| Mailing Address PO Box 10134  |   |                       | $\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & Y \end{bmatrix}$                    |
| City<br>Bakersfield   | State Zip Code CA 93389                           |                       | Amount of Each Disbursement this Perio  |
| Purpose of Disbursement<br>2009 Contribution  |   | 011                   | 1000.00   |
| Candidate Name<br>Majority Committee PAC  |   | Category/<br>Type     |   |
| Senate President  | ement For:  Primary Genera  Other (specify) ▼     | 1                     | 2009 Contribution   |
| State: District:  Full Name (Last, First, Middle Initial)   |   |                       | Transaction ID: 17271845  |
| Carper For Senate   |   |                       | Date of Disbursement  |
| Mailing Address 19 East Commons Blvd  |   | 06 09 7 2009          |   |
| City<br>New Castle  | State Zip Code<br>DE 19720                        |                       | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>2012 Contribution  |   | 011                   | 1000.00   |
| Candidate Name<br>Sen. Thomas R. Carper   |   | Category/<br>Type     |   |
| · —   | ement For: 2012  Primary General  Other (specify) | 1                     | 2012 Contribution   |
| Full Name (Last, First, Middle Initial) Friends For Harry Reid  |   |                       | Transaction ID: 17271846 Date of Disbursement   |
| Mailing Address P.O. Box 19163  |   |                       | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix} $ |
| City<br>Las Vegas   | State Zip Code<br>NV 89132                        |                       | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>Contribution   |   | 011                   | 1000.00   |
| Candidate Name<br>Sen. Harry Reid   |   | Category/<br>Type     |   |
|   | ement For: 2010  Primary Genera  Other (specify)  | ı                     | Contribution  |
| State: NV District:   |   |                       |   |
|   |   |                       | 3000.00   |

В.

C.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          |                |           | E NUM    |             | :    |           |              | PAG | ЭE   | 129      | / 162           |
|---|---|----------------|-----------|----------|-------------|------|-----------|--------------|-----|------|----------|-----------------|
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page |                | 21b<br>27 | <u> </u> |             |      | 23<br>28b | 24           |     |      | 25<br>29 | 26<br>30b       |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nan |   |                |           |          |             |      |           |              |     |      |          | 5               |
| NAME OF COMMITTEE (In Full)   |   |                |           |          |             |      |           |              |     |      |          |                 |
| American Hospital Association PAC   |   |                |           |          |             |      |           |              |     |      |          |                 |
| Full Name (Last, First, Middle Initial)<br>Levin For Congress   |   |                |           |          | ansacate of |      |           | 172<br>ement | 718 | 347  |          |                 |
| Mailing Address PO Box 37   |   |                |           |          | 06          | /    | 0         | 9 /          | Y   | ž    | o ŏ s    | $\Theta^{\vee}$ |
| City<br>Roseville   | State Zip Code<br>MI 48066                        |                |           | Ar       | mount       | of E | Each      | Disbur       | sen | nent | this I   | Period          |
| Purpose of Disbursement Contribution  |   | 011            | 1         |          |             |      |           |              |     | 50   | 00.00    | )               |
| Candidate Name<br>Rep. Sander M. Levin  |   | Catego         | •         |          |             |      |           |              |     |      |          |                 |
| Senate >  | ement For: 2010  Primary General  Other (specify) |                |           | Co       | ontrib      | utic | n         |              |     |      |          |                 |
|   |   |                |           |          |             |      |           |              |     |      |          |                 |
| Full Name (Last, First, Middle Initial) Levin For Congress  |   |                |           |          | ate of      |      | burse     |              | 718 |      |          |                 |
| Mailing Address PO Box 37   |   |                |           |          | 06          | _ ′  | 0         | 9 /          | Y   | ž    | o ŏ s    | 9               |
| City<br>Roseville   | State Zip Code<br>MI 48066                        |                |           | Ar       | mount       | of E | Each      | Disbur       | sen |      |          | -               |
| Purpose of Disbursement<br>Contribution   |   | 011            | 1         |          |             |      |           |              |     | 100  | 00.00    | )               |
| Candidate Name<br>Rep. Sander M. Levin  |   | Catego<br>Type | -         |          |             |      |           |              |     |      |          |                 |
| Senate President  | ement For: 2010 Primary X General Other (specify) |                |           | Co       | ontrib      | utic | n         |              |     |      |          |                 |
|   |   |                |           |          |             |      |           |              |     |      |          |                 |
| Full Name (Last, First, Middle Initial) Hoyer For Congress  |   |                |           | Da       | ate of      |      | burse     |              | 718 | 349  |          |                 |
| Mailing Address 4201 Northview Dr, Ste  | 307   |                |           |          | 06          |      | 0         | 9 /          | Y   | ž    | o ŏ s    | 9 Y             |
| City<br>Bowie   | State Zip Code<br>MD 20716                        |                |           | Ar       | mount       | of E | Each      | Disbur       | sen | nent | this I   | Period          |
| Purpose of Disbursement<br>Contribution   |   | 011            | 1         |          |             |      |           |              |     | 200  | 00.00    | )               |
| Candidate Name<br>Rep. Steny H. Hoyer   |   | Catego         | ory/      |          |             |      |           |              |     |      |          |                 |
| Senate President  | ement For: 2010 Primary General Other (specify)   |                |           | Co       | ontrib      | utic | n         |              |     |      |          |                 |
| State: MD District: 05  |   |                |           |          |             |      |           |              |     |      |          |                 |
| SUBTOTAL of Disbursements This Page (optional)  |   |                |           |          |             |      |           |              | ;   | 350  | 0.00     | )               |

TOTAL This Period (last page this line number only) ......

| S                 | CHEDULE B (FEC Form 3X)   | Use separate schedule(s)                        | ) | -                     | NE NUME     | BER:                         |           | PAGE           | 130      | 162 |
|-------------------|---|---|---|-----------------------|-------------|------------------------------|-----------|----------------|----------|-----|
| П                 | EMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page  |   | (check c<br>21b<br>27 | 22<br>28a   |                              | 3<br>8b   | 24<br>28c      | 25<br>29 | 26  |
|                   | ny Information copied from such Reports and Stater<br>for commercial purposes, other than using the nam |   |   |                       |             |                              |           |                |          | 8   |
|                   | NAME OF COMMITTEE (In Full) American Hospital Association PAC   | io and address of any political                 |   | militee to            | 30licit col | itiibutioi                   | 13 110111 | 30011 0011     |          |     |
| ۷ <u>ــ</u><br>4. | Full Name (Last, First, Middle Initial) Welch For Congress  |   |   |                       |             | nsaction<br>e of Disk        |           | 1727185<br>ent | 0        |     |
|                   | Mailing Address PO Box 1682   |   |   |                       | 0           | 6 M /                        | 0 9       | / Y            | ž 0 ŏ 9  | e Y |
|                   | City<br>Burlington  | State Zip Code<br>VT 05402                      |   |                       | Amo         | ount of E                    | Each Di   | sburseme       |          |     |
|                   | Purpose of Disbursement Contribution Candidate Name   |   | - | 011                   |             |                              |           |                | 00.00    | )   |
|                   | Rep. Peter Welch  | ement For: 2010                                 |   | tegory/<br>Type       |             |                              |           |                |          |     |
|                   |   | Primary General Other (specify) ▼               |   |                       | Con         | tributio                     | n         |                |          |     |
| —<br>В.           | Full Name (Last, First, Middle Initial) Chris Lee For Congress  |   |   |                       |             | nsaction<br>e of Disk        |           | 1727185<br>ent | 1        |     |
|                   | Mailing Address PO Box 15395  |   |   |                       | 0           | 6 M /                        | 0 9       | / Y            | ž 0 ŏ s  | ) Y |
|                   | City<br>Rochester   | State Zip Code<br>NY 14615                      |   |                       | Amo         | ount of E                    | Each Di   | sburseme       |          | -   |
|                   | Purpose of Disbursement Contribution Candidate Name   |   | _ | 011<br>ategory/       |             |                              |           | 10             | 00.00    | )   |
|                   | -   | ement For: 2010 Primary General Other (specify) |   | Туре                  | Con         | tributio                     | n         |                |          |     |
| c                 | Full Name (Last, First, Middle Initial) Mike McMahon For Congress                                       |   |   |                       |             | n <b>sactio</b><br>e of Disk | oursem    |                | 2        |     |
|                   | Mailing Address 66 Arnold Street  |   |   |                       | 0           | 5 <sup>M</sup>               | 09        | / Y            | ž 0 ŏ 9  | 9 Y |
|                   | City<br>Staten Island   | State Zip Code<br>NY 10301                      |   |                       | Amo         | ount of E                    | Each Di   | sburseme       |          |     |
|                   | Purpose of Disbursement Contribution Candidate Name   |   | - | 011                   |             |                              |           |                | 00.00    | )   |
|                   | Rep. Michael E. McMahon   |   |   | ategory/<br>Type      |             |                              |           |                |          |     |
|                   | Senate X President  | ement For: 2010 Primary General Other (specify) |   |                       | Con         | tributio                     | n         |                |          |     |
| Γ.                | State: NY District: 13  |   |   |                       |             | •                            | •         | 30             | 00.00    | )   |
|                   | SUBTOTAL of Disbursements This Page (optional)  |   |   |                       |             | • •                          | •         | - 30           |          |     |
| י ן               | <b>OTAL</b> This Period (last page this line number only  | )   |   | ▶                     |             |                              |           |                |          |     |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)                        |                 |          | INE NUMBER: PAGE 131 / only one) |                          |      |       |      |           |                |     |  |
|--|---|-----------------|----------|----------------------------------|--------------------------|------|-------|------|-----------|----------------|-----|--|
| TEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page  |                 | 21b      | 22                               | X 23                     |      | 24    |      | 25        |                | 26  |  |
| and information and chain  |   |                 | 27       | 28a                              | 28b                      |      | 28c   |      | 29        |                | 30  |  |
| ny Information copied from such Reports and State<br>r for commercial purposes, other than using the nan |   |                 |          |                                  |                          |      |       |      |           | S              |     |  |
| NAME OF COMMITTEE (In Full)  | ,,  |                 |          |                                  |                          |      |       |      |           |                |     |  |
| American Hospital Association PAC  |   |                 |          |                                  |                          |      |       |      |           |                |     |  |
| Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress                                   |   |                 |          |                                  | action ID:<br>of Disburs |      |       | 1853 | 3         |                |     |  |
| Mailing Address 1071 Twin Branch Ln  |   |                 |          | 0 6                              | / DC                     | 9    | /     | Y Z  | ž 0 Ŏ 9   | 9 <sup>Y</sup> |     |  |
| City<br>Weston   | State Zip Code<br>FL 33326                      |                 |          | Amoui                            | nt of Each               | Dis  | burse | -    |           |                | od  |  |
| Purpose of Disbursement<br>Contribution  |   | 011             |          |                                  |                          |      |       | 10   | 00.00     | )              |     |  |
| Candidate Name<br>Rep. Debbie Wasserman-Schultz  |   | Categor<br>Type | ry/      |                                  |                          |      |       |      |           |                |     |  |
|  | ement For: 2010 Primary General Other (specify) |                 |          | Contri                           | bution                   |      |       |      |           |                |     |  |
| Full Name (Last, First, Middle Initial) Marcia Fudge for Congress  |   |                 |          |                                  | action ID:<br>of Disburs |      |       | 1854 | 4         |                |     |  |
| Mailing Address 3729 Silsby Road   |   |                 |          | 0 <sup>M</sup> 6                 | / D                      | 9    | / [   | Y    | ž 0 Ŏ 9   | 9 <sup>Y</sup> |     |  |
| City<br>University Heights   | State Zip Code<br>OH 44118                      |                 |          | Amoui                            | nt of Each               | Dis  | burse |      |           |                | d   |  |
| Purpose of Disbursement<br>Contribution  |   | 011             |          | L.                               |                          |      |       | 15   | 500.00    | )              |     |  |
| Candidate Name Rep. Marcia Fudge   |   | Categor<br>Type | ry/      |                                  |                          |      |       |      |           |                |     |  |
|  | ement For: 2010 Primary General Other (specify) |                 |          | Contri                           | bution                   |      |       |      |           |                |     |  |
| Full Name (Last, First, Middle Initial)<br>Lynn Jenkins For Congress                                     |   |                 |          |                                  | action ID:<br>of Disburs | -    |       | 185  | 5         |                |     |  |
| Mailing Address P.O. Box 1441  |   |                 |          | 0 6                              | / D                      | 9    |       | Y 2  | žoŏs      | 9 <sup>Y</sup> |     |  |
| City<br>Topeka   | State Zip Code<br>KS 66601                      |                 |          | Amoui                            | nt of Each               | Dis  | burse | emer | nt this I | Perio          | bd  |  |
| Purpose of Disbursement<br>Contribution  |   | 011             |          |                                  |                          |      |       | 10   | 00.00     | )              |     |  |
| Candidate Name<br>Rep. Lynn Jenkins  |   | Categor<br>Type | ry/      |                                  |                          |      |       |      |           |                |     |  |
|  | ement For: 2010 Primary General Other (specify) |                 |          | Contri                           | bution                   |      |       |      |           |                |     |  |
| SUBTOTAL of Disbursements This Page (optional)   |   |                 | <u> </u> |                                  | • •                      |      |       | 35   | 00.00     | )              |     |  |
| TOTAL This Period (last page this line number only   | )   |                 | <u> </u> |                                  |                          | _    |       |      | -         |                |     |  |
| 6AN026   | ,   |                 |          | FEC                              | Schedu                   | le B | ( Fo  | rm 3 | X) (Re    | vise           | d 0 |  |

|    | CHEDOLE B (I LO I OHII 3X)  | Use separate schedule(s)                             | (check only o            |  |
|----|---|--|--------------------------|--|
| IT | EMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page       | 21b 27                   | 22 X 23 24 25 2<br>28a 28b 28c 29 3  |
|    | y Information copied from such Reports and Stat<br>for commercial purposes, other than using the na |  |                          |  |
|    | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                       |  |                          |  |
|    | Full Name (Last, First, Middle Initial) Harry Mitchell For Congress  Mailing Address PO Box 23748   |  |                          | Transaction ID: 17272920 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City  | State Zip Code                                       |                          | Amount of Each Disbursement this Period  |
|    | Tempe Purpose of Disbursement Contribution  | AZ 85285   | 011                      | 1000.00  |
|    | Candidate Name<br>Rep. Harry Mitchell   |  | Category/<br>Type        |  |
|    | Office Sought:  X House Senate President State: AZ District: 05                                     | sement For: 2010  X Primary General  Other (specify) |                          | Contribution   |
|    | Full Name (Last, First, Middle Initial) Tim Ryan For Congress                                       |  |                          | Transaction ID: 17273030 Date of Disbursement  |
|    | Mailing Address 1600 Roosevelt Avenu Suite 804  | 9  |                          | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} & \begin{smallmatrix} D & O & D \\ O & G \end{smallmatrix} & \begin{smallmatrix} V & Y & Y & Y & Y \\ Q & O & O & Y \end{bmatrix}$ |
|    | City<br>Niles   | State Zip Code<br>OH 44446                           |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution Candidate Name Rep. Timothy J. Ryan                            |  | 011<br>Category/<br>Type | 1000.00  |
|    | Office Sought:  X House Senate President State: OH District: 17                                     | sement For: 2010  X Primary General  Other (specify) |                          | Contribution   |
|    | Full Name (Last, First, Middle Initial) Michaud For Congress  |  |                          | Transaction ID: 17273133 Date of Disbursement  |
|    | Mailing Address 213 Lisbon St   |  |                          | 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |
|    | City<br>Lewiston  | State Zip Code<br>ME 04240                           |                          | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution Candidate Name   | [  | 011<br>Category/         | 1000.00  |
|    | Rep. Michael H. Michaud   | sement For: 2010                                     | Туре                     | 0  |
|    | Senate President State: ME District: 02   | X Primary General Other (specify) ▼                  |                          | Contribution   |
| Г  |   | l)   | I                        | 3000.00  |

|            | CHEDULE B (FEC Form 3X)  | Use separate schedule(s) for each category of the Detailed Summary Page |                             |   |             |            | E NU   |                  | R:    |           |     |      | PA         | AGE  | 133      | / 16           | 2          |
|------------|--|---|-----------------------------|---|-------------|------------|--------|------------------|-------|-----------|-----|------|------------|------|----------|----------------|------------|
| <u>П</u>   | EMIZED DISBURSEMENTS   |   |                             |   |             | 21b<br>27  | Ĺ :    | 22<br>28a        | Х     | 23<br>28b | , [ |      | 24<br>28c  |      | 25<br>29 |                | ] 2<br>] 3 |
|            | ny Information copied from such Reports and Stat<br>for commercial purposes, other than using the na |   |                             |   |             |            |        |                  |       |           |     |      |            |      |          | S              |            |
| <u> </u>   | NAME OF COMMITTEE (In Full)  |   | oo or arry pormour          |   |             |            | 011011 |                  |       | 10110     |     |      |            |      |          |                |            |
| $ \rangle$ | American Hospital Association PAC  |   |                             |   |             |            |        |                  |       |           |     |      |            |      |          |                |            |
|            | Full Name (Last, First, Middle Initial) Geoff Davis For Congress                                     |   |                             |   |             |            |        | rans<br>Date     |       |           |     |      | 7273<br>nt | 257  |          |                |            |
|            | Mailing Address 3161 Dixie Highway Suite F   |   |                             |   |             |            |        | o <sup>M</sup> 6 | М     | / [       | 0   | 9    | / Y        | ž    | o ŏ s    | 9 <sup>Y</sup> |            |
|            | City<br>Erlanger   | State<br>KY   | Zip Code<br>41018           |   |             |            |        | Amou             | int o | f Ea      | ch  | Dist | urse       |      | t this   |                | od         |
|            | Purpose of Disbursement<br>Contribution  |   |                             | Γ | 01          | 1          |        |                  |       |           |     |      |            | 100  | 00.00    | Ò              | _          |
|            | Candidate Name<br>Rep. Geoffrey Davis  |   |                             | С | atec<br>Typ | ory/<br>e  |        |                  |       |           |     |      |            |      |          |                |            |
|            | Senate President   | rsement For:  X Primary  Other (spe                                     | 2010 General                |   |             |            | С      | ontr             | ibut  | tion      |     |      |            |      |          |                |            |
| _          | State: KY District: 04   |   |                             |   |             |            |        |                  |       |           |     |      |            |      |          |                | _          |
|            | Full Name (Last, First, Middle Initial) Minnick For Congress   |   |                             |   |             |            |        | Date             | of D  | isbu      | rse | mer  | _          | 3334 |          |                |            |
|            | Mailing Address P O Box 306  |   |                             |   |             |            |        | о <sup>м</sup> б | М     | / [       | 0   | 9    | 'L         | ž    | οŏs      | 9 <sup>Y</sup> |            |
|            | City<br>Boise  | State<br>ID   | Zip Code<br>83701           |   |             |            | 1      | Amou             | int o | f Ead     | ch  | Disk | urse       | ment | t this   | Peri           | od         |
|            | Purpose of Disbursement<br>Contribution  |   |                             |   | 01          | 1          |        |                  |       |           |     |      |            | 100  | 00.00    | Ò              | _          |
|            | Candidate Name<br>Rep. Walt Minnick  |   |                             | С | ateg<br>Typ | jory/<br>e |        |                  |       |           |     |      |            |      |          |                |            |
|            | Office Sought:  X House Senate President State: ID District: 01                                      | rsement For:  X Primary  Other (spe                                     | 2010<br>General<br>ecify) ▼ |   |             |            | C      | ontr             | ibut  | tion      |     |      |            |      |          |                |            |
| _          | Full Name (Last, First, Middle Initial) Castle Campaign Fund   |   |                             |   |             |            | 1      | rans<br>Date     |       |           |     |      | 7273<br>nt | 420  |          |                |            |
|            | Mailing Address PO Box 133   |   |                             |   |             |            |        | о <sup>м</sup> 6 | М     | / [       | 0   | 9    | / Y        | ž    | o ŏ s    | 9 <sup>Y</sup> |            |
|            | City<br>Wilmington   | State<br>DE   | Zip Code<br>19899           |   |             |            | 1      | Amou             | int o | f Ea      | ch  | Disk | urse       | ment | t this   | Peri           | od         |
|            | Purpose of Disbursement<br>Contribution  |   |                             | Г | 01          | 1.         |        |                  |       |           |     |      |            | 100  | 00.00    | )              | _          |
|            | Candidate Name<br>Rep. Michael N. Castle   |   |                             | С | atec<br>Typ | jory/<br>e |        |                  |       |           |     |      |            |      |          |                |            |
|            | Senate President   | rsement For:  X Primary Other (spe                                      | 2010<br>General             |   |             |            | С      | ontr             | ibut  | tion      |     |      |            |      |          |                |            |
|            | State: DE District: 01   |   |                             |   |             |            |        |                  |       |           |     |      | _          | _    |          |                | _          |
| ١.         | SUBTOTAL of Disbursements This Page (optional  | al)   |                             |   |             | •          |        |                  |       |           |     |      |            | 300  | 0.00     | )              | ,          |

|              |  | Use separate schedule(s)                                  |               | R LINE I<br>eck only |                  | • • •  |           |        |           | ·GL  | 134 /    | 102    |
|--------------|--|---|---------------|----------------------|------------------|--------|-----------|--------|-----------|------|----------|--------|
| IT<br>       | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page         | $\Box$        | 21b<br>27            | 22<br>28a        | X      | 23<br>28b |        | 24<br>28c |      | 25<br>29 | 2<br>3 |
|              | y Information copied from such Reports and State<br>for commercial purposes, other than using the na |   |               |                      |                  |        |           |        |           |      |          |        |
| $\setminus$  | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |   |               |                      |                  |        |           |        |           |      |          |        |
| $\mathbb{L}$ |  |   |               |                      |                  |        |           |        |           |      |          |        |
|              | Full Name (Last, First, Middle Initial) Carney For Congress  |   |               |                      | Trans<br>Date    | of Di  | sburs     | emei   | _         |      |          | _      |
|              | Mailing Address P.O. Box A   |   |               |                      | 0 <sup>M</sup> 6 | М      | D (       | 9      | / L       | ž    | o ŏ 9    | Y      |
|              | City<br>Clarks Summit  | State Zip Code<br>PA 18411                                |               |                      | Amou             | int of | Each      | n Disl | burse     | -    | this F   | -      |
|              | Purpose of Disbursement<br>Contribution  |   | 011           |                      | L.               |        |           |        |           | 200  | 00.00    |        |
|              | Candidate Name<br>Rep. Christopher P. Carney   |   | itego<br>Type |                      |                  |        |           |        |           |      |          |        |
|              | X  | sement For: 2010  C Primary General  Other (specify)      |               |                      | Contr            | ibut   | ion       |        |           |      |          |        |
|              | Full Name (Last, First, Middle Initial)  |   |               |                      | Trans            | acti   | on ID     | . 1    | 7273      | 438  |          |        |
|              | Bob Brady For Congress   |   |               |                      | Date of          |        |           |        | _         |      | Y        | Y      |
|              | Mailing Address 2000 Market Street Sui   | e 500   |               |                      | 0 6              |        |           | 9      | L         | 2    | 0 ŏ 9    |        |
|              | City<br>Philadelphia   | State Zip Code<br>PA 19103                                |               |                      | Amou             | int of | Each      | n Disl | burse     | -    | this F   | -      |
|              | Purpose of Disbursement<br>Contribution  |   | 011           |                      | L.               | -      |           |        |           | 100  | 00.00    |        |
|              | Candidate Name<br>Rep. Robert A. Brady   |   | itego<br>Type | ,                    |                  |        |           |        |           |      |          |        |
|              | 9 7  | ement For: 2010  ☐ Primary ☐ General  ☐ Other (specify) ▼ |               |                      | Contr            | ibut   | ion       |        |           |      |          |        |
|              | Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson                                    |   |               |                      | Trans<br>Date    |        |           |        |           | 439  |          |        |
|              | Mailing Address 198 Park Road  |   |               |                      | 0 <sup>M</sup> 6 | M      | D (       | 9      | / Y       | ž    | 0 ŏ 9    | Y      |
|              | City<br>Howard   | State Zip Code<br>PA 16841                                |               |                      | Amou             | int of | Each      | n Disl | burse     | ment | this F   | Period |
|              | Purpose of Disbursement<br>Contribution  |   | 011           |                      | <u>L.</u>        | -      |           |        |           | 100  | 00.00    |        |
|              | Candidate Name<br>Rep. Glenn Thompson  |   | itego<br>Type |                      |                  |        |           |        |           |      |          |        |
|              | Senate President   | sement For: 2010  ⟨ Primary General  Other (specify) ▼    |               |                      | Contr            | ibut   | ion       |        |           |      |          |        |
|              | State: PA District: 05   |   |               |                      |                  |        |           |        |           |      |          |        |

| Detailed Summary Page   | CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS |                                       | INE NUMBER: PAGE 135 / 16 only one)   |
|---|---|---------------------------------------|---------------------------------------|
| NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee  Mailing Address PO Box 87  City State Zip Code PA 19480  Purpose of Disbursement Contribution Cardidate Name President State: PA District: 08  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT District: |   | Detailed Summary Page 21 27           | 28a 28b 28c 29                        |
| NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee  Mailing Address PO Box 87  City Uwchland PA 19480  Purpose of Disbursement Contribution Candidate Name Rep. James W. Gerlach  Office Sought: Senate President State: PA District: 06  Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro  Office Sought: Senate President State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, First, Middle Initial) State CT District: 03  Full Name (Last, Firs |   |                                       |                                       |
| Jim Gerlach For Congress Committee  Mailing Address PO Box 87  City State Zip Code Unwchland PA 19480  Purpose of Disbursement Contribution  Candidate Name Rep. James W. Gerlach  Office Sought: X House Senate President State: PA District: 06  Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro  City State Zip Code Other (specify) ▼  City State Zip Code Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Contribution  Contribution  Contribution  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  Transaction ID: 17273442  Date of Disbursement this Period Other (specify) ▼  Contribution  | NAME OF COMMITTEE (In Full)                   | , , , , , , , , , , , , , , , , , , , |                                       |
| City State Zip Code PA 19480  Contribution  Candidate Name Rep. James W. Gerlach  Office Sought: X House Senate President State: PA District: 06  Full Name (Last, First, Middle Initial) State: CT District: 03  Full Name (Last, First, Middle Initial) Sta | ,   |                                       |                                       |
| Uwchland Purpose of Disbursement Contribution Candidate Name Rep. James W. Gerlach Office Sought: X House President State: PA District: 06 Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro  City New Haven Cardidate Name Rep. Abas L. Delauro  Office Sought: X House City New Haven Cardidate Name Rep. Rosa L. Delauro  Office Sought: X House President State: CT District: 03  Full Name (Last, First, Middle Initial) Cardidate Name Rep. Rosa L. Delauro  Office Sought: X House President State: CT District: 03  Full Name (Last, First, Middle Initial) State: CT D | Mailing Address PO Box 87                     |                                       | 06 09 / 2009                          |
| Contribution Candidate Name Rep. James W. Gerlach  Office Sought:   |   |                                       | Amount of Each Disbursement this Peri |
| Candidate Name Rep. James W. Gerlach  Office Sought: X House President President State: PA District: 08  Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro  Mailing Address 12 Trumbull Street  City State Zip Code New Haven CT 06511  Purpose of Disbursement Contribution  Candidate Name Rep. Rosa L. DeLauro  Office Sought: X House President President President State State CT District: 03  Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro  City State Zip Code Office Sought: X House President President President President Name Rep. Rosa L. DeLauro  Office Sought: X House President Pres |   | 011                                   | 1000.00                               |
| Senate President State: PA District: 06  Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro  Mailing Address 12 Trumbull Street  City New Haven CT 06511  Purpose of Disbursement Contribution  Candidate Name Rep. Rosa L. DeLauro  Office Sought: X House President State: CT District: 03  Full Name (Last, First, Middle Initial) State CT District O3  Full Name (Last, First, Middle Initial) State  |   | Category/                             | -                                     |
| Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro  Mailing Address 12 Trumbull Street  City New Haven Purpose of Disbursement Contribution Candidate Name Rep. Rosa L. DeLauro  Office Sought:  X House President State: CT District: 03  Full Name (Last, First, Middle Initial) Stabenow For Us Senate Mailing Address Purpose of Disbursement  City State Zip Code X Primary General Disbursement For: 2010 X Primary General District: 03  Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address P.O. Box 4945  City East Lansing State Zip Code MI 48826  Purpose of Disbursement Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: X Primary General District Category/ Type  Office Sought: Amount of Each Disbursement  Mediting Address Disbursement District O3  Amount of Each Disbursement District | Senate X President                            | Primary General                       | Contribution                          |
| Transaction ID: 17273442    State   |   |                                       |                                       |
| City New Haven  CT  O6511  Purpose of Disbursement Contribution  Candidate Name Rep. Rosa L. DeLauro  Office Sought:  State: CT  District: 03  Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address  Purpose of Disbursement Other (specify)  Mailing Address  Prosident  Mailing Address  Propose of Disbursement  Other (specify)  City  East Lansing  Purpose of Disbursement  2012 Contribution  Amount of Each Disbursement this Peri  Contribution  Contribution  Contribution  Transaction ID: 17273442  Date of Disbursement  M M M M M M M M M M M M M M M M M M  | ,   |                                       | Date of Disbursement                  |
| New Haven CT 06511  Purpose of Disbursement Contribution  Candidate Name Rep. Rosa L. DeLauro  Office Sought: X House Senate President State: CT District: 03  Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address P.O. Box 4945  City State Zip Code East Lansing MII 48826  Purpose of Disbursement 2012 Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: Now Primary General Disbursement Tor: 2010 Contribution  Transaction ID: 17273442 Date of Disbursement MII 48826  Amount of Each Disbursement this Period Category/ Type  Office Sought: House X Primary General Disbursement For: 2012 X Primary General Other (specify) ▼  Office Sought: Now Primary General Disbursement For: 2012 X Primary General Other (specify) ▼  Office Sought: Now Primary General Disbursement For: 2012 X Primary General Other (specify) ▼  Other (specify) ▼   | Mailing Address 12 Trumbull Street            |                                       | 06 7 09 7 2009                        |
| Purpose of Disbursement Contribution Candidate Name Rep. Rosa L. DeLauro  Office Sought:  | ,   |                                       | Amount of Each Disbursement this Peri |
| Candidate Name Rep. Rosa L. DeLauro  Office Sought:   | Purpose of Disbursement                       | -                                     | 2500.00                               |
| Senate President State: CT District: 03  Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address P.O. Box 4945  City East Lansing Purpose of Disbursement 2012 Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought:  House X Primary Other (specify)  Transaction ID: 17273442 Date of Disbursement  |   | Category/                             | 1                                     |
| Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address P.O. Box 4945  City State Zip Code East Lansing MI 48826  Purpose of Disbursement 2012 Contribution Candidate Name Sen. Debbie Stabenow  Office Sought: House X Senate President  Disbursement For: 2012 X Primary General Other (specify) Type  Transaction ID: 17273442 Date of Disbursement  M M M D D D D Y Y Y O Y O Y Y Y O Y O Y Y Y O Y O Y Y Y O Y O   | Senate X President                            | Primary General                       | Contribution                          |
| City State Zip Code East Lansing MI 48826  Purpose of Disbursement 2012 Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: House X Senate President  Disbursement For: 2012 X Primary General Other (specify)  Other (specify)   | Full Name (Last, First, Middle Initial)       |                                       |                                       |
| East Lansing MI 48826  Purpose of Disbursement 2012 Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought: House X Senate President  President  MI 48826  1000.00  1011  Category/ Type  2012  2012 Contribution  2012  2012 Contribution  | Mailing Address P.O. Box 4945                 |                                       | 06                                    |
| 2012 Contribution  Candidate Name Sen. Debbie Stabenow  Office Sought:  House X Senate President  Disbursement For: 2012 X Primary General Other (specify)  |   |                                       | Amount of Each Disbursement this Peri |
| Sen. Debbie Stabenow  Office Sought:  X Senate President  Disbursement For: 2012 X Primary General Other (specify) ▼  Type  2012 Contribution   | 2012 Contribution                             |                                       |                                       |
| X Senate  |   |                                       |                                       |
| State: MI District:   | X Senate X                                    | Primary General                       | 2012 Contribution                     |
|   | State: MI District:                           |                                       |                                       |

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C.

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)                          |                   | NUMBER:                  | P             | AGE -    | 136 / 1     | 62    |
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| TEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | (check on 21b     | ly one)<br>22   X 23     | 3 🗍 24        |          | 25 <b>Г</b> | ¬ 26  |
|  | Detailed Summary Fage                             | 27                |                          | 8b 28c        | $\vdash$ | 29          | 301   |
| Any Information copied from such Reports and State<br>or for commercial purposes, other than using the nan |   |                   |                          |               |          |             |       |
| NAME OF COMMITTEE (In Full)  |   |                   |                          |               |          |             |       |
| American Hospital Association PAC  |   |                   |                          |               |          |             |       |
| Full Name (Last, First, Middle Initial) Peters For Congress  |   |                   | Transaction Date of Disb |               | 3443     |             |       |
| Mailing Address PO Box 226   |   |                   | 0 6 M                    | 09 /          | ž        | ŏ o `       |       |
| City<br>Bloomfield Hills   | State Zip Code                                    |                   | Amount of E              | Each Disburse | ement t  | his Pe      | eriod |
| Purpose of Disbursement  | MI 48303  |                   | -                        |               | 1000     | 0.00        |       |
| Contribution   |   | 011               |                          |               |          |             |       |
| Candidate Name<br>Rep. Gary C. Peters  |   | Category/<br>Type |                          |               |          |             |       |
|  | ement For: 2010  Primary General Other (specify)  |                   | Contribution             | n             |          |             |       |
| Full Name (Last, First, Middle Initial)  |   |                   | Tuanaatian               | ID- 1707      | 2445     |             |       |
| Van Hollen For Congress  |   |                   | Transaction Date of Disb |               | 3445     |             |       |
| Mailing Address 10537 St. Paul Street  |   |                   | 06 /                     | 09 /          | ž        | ŏ o o       | 1     |
| City<br>Kensington   | State Zip Code<br>MD 20895                        |                   | Amount of E              | Each Disburs  | ement t  | his Pe      | eriod |
| Purpose of Disbursement<br>Contribution  |   | 011               | L                        |               | 1500     | 0.00        |       |
| Candidate Name<br>Rep. Chris Van Hollen  |   | Category/<br>Type |                          |               |          |             |       |
|  | ement For: 2010  Primary General  Other (specify) |                   | Contribution             | n             |          |             |       |
| Full Name (Last, First, Middle Initial)  |   |                   | Transaction              | ID: 1700      | 2401     |             |       |
| Mountaineer PAC  |   |                   | Date of Disb             | oursement     | -        |             |       |
| Mailing Address 607 - 14th Street, NW Suite 800  |   |                   | 06 /                     | 0 2 /         | ž        | ŏ o o       |       |
| City<br>Washington   | State Zip Code DC 20005                           |                   | Amount of E              | ach Disburs   | ement t  | his Pe      | eriod |
| Purpose of Disbursement<br>2009 Contribution   |   | 011               | l L                      |               | 5000     | 0.00        |       |
| Candidate Name<br>Mountaineer PAC  |   | Category/<br>Type |                          |               |          |             |       |
| Senate President   | ement For: Primary General Other (specify)        |                   | 2009 Contri              | ribution      |          |             |       |
| State: District:   |   |                   |                          |               |          |             |       |
| SUBTOTAL of Disbursements This Page (optional)   |   | <b>&gt;</b>       |                          |               | 7500     | 0.00        |       |

TOTAL This Period (last page this line number only) .....

| CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS   | for each category of the                          | OR LINE NUMBER: PAGE 137 / 162 check only one)                    |
|---|---|---|
|   | Detailed Summary Page                             | 21b   |
| ny Information copied from such Reports and State r for commercial purposes, other than using the nar |   |   |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC  |   |   |
| Full Name (Last, First, Middle Initial) The Madison PAC   |   | Transaction ID: 17288402 Date of Disbursement                     |
| Mailing Address 235 State Street #206   |   | 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                            |
| City<br>Springfield   | State Zip Code<br>MA 01103                        | Amount of Each Disbursement this Perio                            |
| Purpose of Disbursement<br>2009 Contribution  | 0.  | 5000.00   |
| Candidate Name<br>The Madison PAC   |   | gory/   |
| Senate President  | ement For: Primary General Other (specify)        | 2009 Contribution   |
| State: District:  Full Name (Last, First, Middle Initial)  PEN PAC (Principles Exalt a Nation)        |   | Transaction ID: 17288404  |
| Mailing Address PO Box 1131   |   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City  | State Zip Code                                    | Amount of Each Disbursement this Perio                            |
| Anderson  | IN 46015  |   |
| Purpose of Disbursement<br>2009 Contribution  | 0-  |   |
| Candidate Name<br>PEN PAC (Principles Exalt a Nation)   | Cate Ty   | gory/<br>pe   |
| Office Sought: House Senate President State: District:  | ement For:  Primary General  Other (specify) ▼    | 2009 Contribution   |
| Full Name (Last, First, Middle Initial) Friends Of Kent Conrad  |   | Transaction ID: 17288407 Date of Disbursement                     |
| Mailing Address PO Box 812  |   | 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                            |
| City<br>Bismarck  | State Zip Code<br>ND 58502                        | Amount of Each Disbursement this Perio                            |
| Purpose of Disbursement<br>2012 Contribution  | 0-  | 1000.00   |
| Candidate Name<br>Sen. Kent Conrad  | Cate<br>Ty  | gory/<br>pe   |
| X Senate President  | ement For: 2012  Primary General  Other (specify) | 2012 Contribution   |
| State: ND District:   |   |   |
|   |   | 7500.00   |

|          | CHEDULE B (FEC Form  | y Use                          | separate schedule(s                      |                   | -  | PAGE 138 / 162                 |
|----------|--|--------------------------------|--|-------------------|--|--------------------------------|
| IT       | EMIZED DISBURSEMEN   | ITS for ea                     | ach category of the<br>iled Summary Page | (check on         | 22 X 23 22 24                            | 1 25 E                         |
|          | y Information copied from such Reports or commercial purposes, other than us |                                |  |                   |  |                                |
|          | NAME OF COMMITTEE (In Full) American Hospital Association F                  |                                |  | <u></u>           |  |                                |
| <u>/</u> | Full Name (Last, First, Middle Initial)<br>Gillibrand For Senate             |                                |  |                   | Transaction ID: 172 Date of Disbursement | 88411                          |
|          | Mailing Address 313 C Street N   | le                             |  |                   | 06 0 0 0 0 0                             | ž 0 Ď 9 Š                      |
|          | City<br>Washington   | State<br>DC                    | Zip Code<br>20002                        |                   | Amount of Each Disbu                     |                                |
|          | Purpose of Disbursement<br>Contribution                                      |                                |  | 011               |  | 5000.00                        |
|          | Candidate Name Sen. Kirsten Gillibrand                                       | I Dishamanana E                | 0010                                     | Category/<br>Type |  |                                |
|          | Office Sought:  House  X Senate  President  State: NY  District:             | Disbursement Fo X Primar Other |  |                   | Contribution                             |                                |
|          | State: NY District: Full Name (Last, First, Middle Initial) Wyden For Senate |                                |  |                   | Transaction ID: 172 Date of Disbursement | 88425                          |
|          | Mailing Address PO Box 3498  |                                |  |                   | 06 0 0 0 0 0                             | <sup>Y</sup> 2009 <sup>Y</sup> |
|          | City Portland  | State<br>OR                    | Zip Code<br>97208                        |                   | Amount of Each Disbu                     | rsement this Perio             |
|          | Purpose of Disbursement<br>Contribution                                      |                                |  | 011               |  | 1000.00                        |
|          | Candidate Name<br>Sen. Ron Wyden   |                                |  | Category/<br>Type |  |                                |
|          | Office Sought:    House   X   Senate   President     State: OR   District:   | Disbursement For Primar Other  |  |                   | Contribution                             |                                |
|          | Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon              | 1                              |  |                   | Transaction ID: 172 Date of Disbursement |                                |
|          | Mailing Address 2236 Se 10th A   | Ave                            |  |                   | 06 0 0 2                                 | ° ŽOÕ9°                        |
|          | City<br>Portland   | State<br>OR                    | Zip Code<br>97214                        |                   | Amount of Each Disbu                     | rsement this Perio             |
|          | Purpose of Disbursement<br>Contribution                                      |                                |  | 011               | L  | 2500.00                        |
|          | Candidate Name<br>Sen. Jeffrey Merkley                                       |                                |  | Category/<br>Type |  |                                |
|          | Office Sought:  House  X Senate  President                                   |                                | ry General<br>(specify) ▼                |                   | Contribution                             |                                |
| _        | State: OR District:  | 2008 General                   | Dept He                                  |                   |  |                                |
| SI       | UBTOTAL of Disbursements This Pag  | e (optional)                   |  |                   |  | 8500.00                        |

|           | HEDULE B (FEC FOIII 3X)   | Use separate schedule(s)                              | (check onl        | E NUMBER: PAGE 139 / 162  |
|-----------|---|---|-------------------|---|
|           | EMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page        | 21b<br>27         | 22 X 23 24 25 28a 28b 28c 29  |
|           | Information copied from such Reports and Stator commercial purposes, other than using the na          |   |                   |   |
| $\rangle$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   | *   |                   |   |
| <b></b>   | Full Name (Last, First, Middle Initial)<br>Citizens For John Olver For Congress                       |   |                   | Transaction ID: 17288436 Date of Disbursement   |
|           | Mailing Address P.O. Box 819  |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   |
|           | City<br>Amherst   | State Zip Code<br>MA 01004                            |                   | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement<br>Contribution   |   | 011               | 1000.00   |
|           | Candidate Name Rep. John W. Olver   | 0010  | Category/<br>Type |   |
|           | Senate President  | rsement For: 2010  X Primary General  Other (specify) |                   | Contribution  |
|           | State: MA District: 01  Full Name (Last, First, Middle Initial)  Charles Boustany Jr Md For Congress, | nc  |                   | Transaction ID: 17288646 Date of Disbursement   |
|           | Mailing Address PO Box 80126  |   |                   | $ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & D & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$ |
|           | City<br>Lafayette   | State Zip Code<br>LA 70598                            |                   | Amount of Each Disbursement this Perio  |
|           | Purpose of Disbursement<br>Contribution   |   | 011               | 1000.00   |
|           | Candidate Name<br>Rep. Charles W. Boustany, Jr.   |   | Category/<br>Type |   |
|           | Office Sought:  X House Senate President State: LA District: 07                                       | rsement For: 2010  X Primary General Other (specify)  |                   | Contribution  |
|           | Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee                             |   |                   | Transaction ID: 17289068 Date of Disbursement   |
|           | Mailing Address Post Office Box 2145  |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   |
|           | City<br>West Columbia   | State Zip Code<br>SC 29171                            |                   | Amount of Each Disbursement this Perio  |
|           | Purpose of Disbursement Contribution  |   | 011               | 1000.00   |
|           | Candidate Name<br>Rep. Joe Wilson   |   | Category/<br>Type |   |
|           | Senate President  | rsement For: 2010 Primary X General Other (specify)   |                   | Contribution  |
|           | State: SC District: 02  |   |                   |   |

|            | CHEDULE B (FEC Form 3X)   |                                     | arate schedule(s)               |      |             | R LINE    |          |                  | R:    |           |     |        | PAGE    | 140      | / 16           | 2   |
|------------|---|-------------------------------------|---------------------------------|------|-------------|-----------|----------|------------------|-------|-----------|-----|--------|---------|----------|----------------|-----|
| П          | EMIZED DISBURSEMENTS  |                                     | category of the<br>Summary Page |      |             | 21b<br>27 | Ĺ 2      | 2<br>8a          | Х     | 23<br>28b |     | 20     | 4<br>3c | 25<br>29 |                | ] 2 |
|            | y Information copied from such Reports and Staten for commercial purposes, other than using the nam |                                     |                                 |      |             |           |          |                  |       |           |     |        |         |          |                |     |
| K          | NAME OF COMMITTEE (In Full)   | c and addre                         | oo or arry portiour             | 0011 |             |           | Onon     | ,0110            | ibut  | 10110     | -   | 11 540 | ,,,,    | milloc   |                |     |
| $ \rangle$ | American Hospital Association PAC   |                                     |                                 |      |             |           |          |                  |       |           |     |        |         |          |                |     |
| _          | Full Name (Last, First, Middle Initial) John Spratt For Congress Committee                          |                                     |                                 |      |             |           |          |                  |       | on II     |     |        | 8926    | 4        |                |     |
|            | Mailing Address Post Office Box 10986   |                                     |                                 |      |             |           |          | <sup>м</sup> 6   | М     | / D       | 0   | D /    | Y       | 200      | 9 <sup>Y</sup> |     |
|            | City<br>Rock Hill   | State<br>SC                         | Zip Code<br>29731               |      |             |           | <i>A</i> | mou              | int o | f Eac     | h [ | Disbu  | rseme   | nt this  | Peri           | iod |
|            | Purpose of Disbursement<br>Contribution   |                                     |                                 | Г    | 01          | 1         |          |                  | _     |           | •   |        | 1       | 500.0    | 0              | _   |
|            | Candidate Name<br>Rep. John M. Spratt, Jr.  |                                     |                                 | С    | ateg<br>Typ | ory/<br>e |          |                  |       |           |     |        |         |          |                |     |
|            |   | ement For:<br>Primary<br>Other (spe | 2010<br>General                 |      |             |           | С        | ontr             | ibut  | ion       |     |        |         |          |                |     |
|            | State: SC District: 05  |                                     | •                               |      |             |           |          |                  |       |           |     |        |         |          |                |     |
|            | Full Name (Last, First, Middle Initial) Friends For Jim McDermott                                   |                                     |                                 |      |             |           |          |                  |       | isbur     | ser | nent   | 8926    | 5        |                |     |
|            | Mailing Address PO Box 21783  |                                     |                                 |      |             |           |          | o <sup>M</sup> 6 | М     | / D       | 0   | 2 /    | Υ       | ž 0 ď    | 9 <sup>Y</sup> |     |
|            | City<br>Seattle   | State<br>WA                         | Zip Code<br>98111               |      |             |           | 4        | mou              | int o | f Eac     | h [ | Disbu  | rseme   | nt this  | Peri           | ioc |
|            | Purpose of Disbursement<br>Contribution   |                                     |                                 |      | 01          | 1         |          | _                | _     | _         |     | _      | 1       | 00.00    | 0              |     |
|            | Candidate Name<br>Rep. Jim McDermott  |                                     |                                 | С    | ateg<br>Typ | ory/<br>e |          |                  |       |           |     |        |         |          |                |     |
|            | Senate X President  | ement For:<br>Primary<br>Other (spe | 2010 General                    |      |             |           | С        | ontr             | ibut  | ion       |     |        |         |          |                |     |
|            | State: WA District: 07  Full Name (Last, First, Middle Initial)  Earl Pomeroy For Congress          |                                     |                                 |      |             |           |          |                  |       | on II     |     |        | 8926    | 7        |                |     |
|            | Mailing Address Post Office Box 9336  |                                     |                                 |      |             |           | [        | o <sup>M</sup> 6 | М     | / D       | 0   | D /    | Y       | ž 0 Ŏ    | 9 <sup>Y</sup> |     |
|            | City Fargo  | State<br>ND                         | Zip Code<br>58106               |      |             |           | <i>A</i> | mou              | int o | f Eac     | h [ | Disbu  | rseme   | nt this  | Peri           | ioc |
|            | Purpose of Disbursement<br>Contribution   |                                     |                                 | Γ    | 01          | 1         |          |                  |       |           |     |        | 1       | 00.00    | 0              | _   |
|            | Candidate Name<br>Rep. Earl Pomeroy   |                                     |                                 | С    | ateg<br>Typ | ory/<br>e |          |                  |       |           |     |        |         |          |                |     |
|            | Senate X President  | ement For:<br>Primary<br>Other (spe | 2010<br>General                 |      |             |           | С        | ontr             | ibut  | ion       |     |        |         |          |                |     |
| Г          | State: ND District: 01  |                                     |                                 |      |             |           |          | _                | _     |           | _   |        |         |          | _              | _   |
| 1 6        | <b>UBTOTAL</b> of Disbursements This Page (optional)  |                                     |                                 |      |             | •         |          |                  |       |           |     |        | 35      | 00.00    | Ō              |     |

| ΙΤ        | CHEDULE B (FEC Form 3X)   | Use sepa                 | arate schedule(s)                            | _                        | E NUMBER: PAGE 141 / 162   |
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|           | EMIZED DISBURSEMENTS  | for each o               | category of the<br>Summary Page              | (check or 21b 27         | 1y one) 22 X 23 24 25 28 28 28 28 29   |
|           | y Information copied from such Reports and State or commercial purposes, other than using the na  |                          |  |                          |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |                          | 7,10   |                          |  |
| <u></u>   | Full Name (Last, First, Middle Initial) Nita Lowey For Congress   |                          |  |                          | Transaction ID: 17289288 Date of Disbursement  |
|           | Mailing Address PO Box 271  |                          |  |                          | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
|           | City<br>White Plains  | State<br>NY              | Zip Code<br>10605                            |                          | Amount of Each Disbursement this Period  |
|           | Purpose of Disbursement Contribution Candidate Name   |                          |  | 011                      | 1000.00  |
|           | Rep. Nita M. Lowey  | sement For:              | 2010   | Category/<br>Type        | _  |
|           | · -   | X Primary<br>Other (spe  | General                                      |                          | Contribution   |
|           | Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee   | Inc                      |  |                          | Transaction ID: 17289301 Date of Disbursement  |
|           | Mailing Address PO Box 549  |                          |  |                          | $\begin{bmatrix} \begin{smallmatrix} M & G & M \\ M & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & Q & Q & Y \end{bmatrix}$ |
|           | City<br>Napoleonville   | State<br>LA              | Zip Code<br>70390                            |                          | Amount of Each Disbursement this Perio   |
|           | Purpose of Disbursement<br>Contribution   |                          |  | 011                      | 1000.00  |
|           | Candidate Name<br>Rep. Charles Melancon   |                          |  | Category/<br>Type        |  |
|           | · —   | sement For:<br>X Primary | 2010<br>General                              |                          | Contribution   |
|           | State: LA District: 03  | Other (spe               | ciry) 🔻                                      |                          |  |
|           |   | Other (spe               | <b>(</b> ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( |                          | Transaction ID: 17289302 Date of Disbursement  |
|           | State: LA District: 03 Full Name (Last, First, Middle Initial)  | Other (spe               |  |                          |  |
|           | State: LA District: 03  Full Name (Last, First, Middle Initial)  Moore For Congress   | Other (spe               | Zip Code<br>66285                            |                          | Date of Disbursement  O 6 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|           | State: LA District: 03  Full Name (Last, First, Middle Initial) Moore For Congress  Mailing Address PO Box 14631  City Shawnee Mission  Purpose of Disbursement Contribution  | State                    | Zip Code                                     | 011                      | Date of Disbursement  O 6 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|           | State: LA District: 03  Full Name (Last, First, Middle Initial) Moore For Congress  Mailing Address PO Box 14631  City Shawnee Mission  Purpose of Disbursement Contribution  Candidate Name Rep. Dennis Moore                                      | State<br>KS              | Zip Code<br>66285                            | 011<br>Category/<br>Type | Date of Disbursement  O 6 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|           | State: LA District: 03  Full Name (Last, First, Middle Initial) Moore For Congress  Mailing Address PO Box 14631  City Shawnee Mission  Purpose of Disbursement Contribution  Candidate Name Rep. Dennis Moore  Office Sought: X House Disbursement | State                    | Zip Code<br>66285                            | Category/                | Date of Disbursement  M 6 M / D D D / Y Y Y O Y Y  Amount of Each Disbursement this Period   |

|           | SHEDOLL B (I LC I OIIII 3X)  | Use separate schedule(s                                  | ()   |             | heck only | one)          | ٠     |   |        |           | IGL.  | 142 /    | 102 |  |
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|           | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page        |  | È           | 21b 27    | 22<br>28a     | Х     | 23<br>28b                                     |        | 24<br>28c | В     | 25<br>29 | 2 3 |  |
|           | y Information copied from such Reports and St<br>for commercial purposes, other than using the |  |  |             |           |               |       |   |        |           |       |          |     |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                  |  |  |             |           |               |       |   |        |           |       |          |     |  |
|           | Full Name (Last, First, Middle Initial) Michael Burgess For Congress                           |  |  |             |           | Trans<br>Date | of Di | sburs   | emer   |           |       |          |     |  |
|           | Mailing Address PO Box 2334  |  | 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0       |             |           |               |       |   |        |           |       |          |     |  |
|           | City<br>Denton   | State Zip Code<br>TX 76202                               |  |             |           | Amou          | nt of | Each  | n Disk | ourse     | -     | this F   | -   |  |
|           | Purpose of Disbursement Contribution   |  |  | 01          |           |               | _     | •   |        |           | 200   | 00.00    |     |  |
|           | Candidate Name Rep. Michael C. Burgess, M.D.  Office Sought: X House Disk                      | gory/<br>pe  |  |             |           |               |       |   |        |           |       |          |     |  |
|           | Office Sought:  X House Senate President State: TX District: 26                                | ursement For: 2010  X Primary General  Other (specify) ▼ |  |             |           | Contr         | ibut  | ion   |        |           |       |          |     |  |
|           | Full Name (Last, First, Middle Initial) Arcuri For Congress                                    |  |  | Trans       |           |               |       |   | 318    |           |       |          |     |  |
|           | Mailing Address P.O. Box 8508  |  |  |             |           |               |       | 06 02 7 2009                                  |        |           |       |          |     |  |
|           | City<br>Utica  | State Zip Code<br>NY 13505                               |  |             |           | Amou          | nt of | Each  | n Dist | ourse     | -     | t this F |     |  |
|           | Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Arcuri                     | 1<br>gory/   |  |             | •         | •             |       | 200   | 00.00  | •         |       |          |     |  |
|           |  | x Primary General Other (specify) ▼                      | ļ  | Тур         |           | Contri        | ibut  | ion   |        |           |       |          |     |  |
|           | Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress                      |  |  |             |           |               |       | Transaction ID: 17289337 Date of Disbursement |        |           |       |          |     |  |
|           | Mailing Address P.O. Box 11519   |  | 06 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |             |           |               |       |   |        |           |       |          |     |  |
|           | City<br>Charleston   | State Zip Code<br>WV 25339                               |  |             |           | Amou          | nt of | Each  | n Dist | ourse     |       | this F   | -   |  |
|           | Purpose of Disbursement<br>Contribution  | 011  |  |             |           | -             | •     |   |        | 100       | 00.00 |          |     |  |
|           | Candidate Name<br>Rep. Shelley Moore Capito  |  | ateg<br>Typ                                  | gory/<br>pe |           |               |       |   |        |           |       |          |     |  |
|           | Office Sought:  X House Senate President State: WV District: 02                                | x Primary  |  |             |           | Contri        | ibut  | ion   |        |           |       |          |     |  |
|           | UBTOTAL of Disbursements This Page (optio  |  |  |             |           |               | _     | -   |        |           |       | 0.00     |     |  |

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|          |   | BURSEMEN                                  |                   | Detailed S                         | category of the<br>Summary Page |  | È          | 21b<br>27   | 22<br>28a   |         | 23<br>28b  | 24<br>28     |       | 25<br>29 |                |  |
|          |   | I from such Reports oses, other than usir |                   |                                    |                                 |  |            |             |   |         |            |              |       |          | 3              |  |
| ı \      | NAME OF COMM<br>American Hospi                      | TTEE (In Full) tal Association P          | AC                |                                    | ,,                              |  |            |             |   |         |            |              |       |          |                |  |
| <u>/</u> | Full Name (Last, F<br>Friends Of Glen               | •   |                   |                                    |                                 |  |            |             |   |         | n ID:      | 1728<br>ment | 39338 | 3        |                |  |
|          | Mailing Address                                     | PO Box 68444                              |                   |                                    |                                 |  |            |             | 0 <sup>M</sup> 6                                      | M /     | 0          | 2 /          | Ý Ž   | 0 0 9    | ) <sup>Y</sup> |  |
|          | City<br>Virginia Beach                              |   |                   | State<br>VA                        | Zip Code<br>23471               |  |            |             | Amo   | unt of  | Each       | Disbur       |       |          |                |  |
|          | Purpose of Disburs<br>Contribution                  | sement                                    |                   |                                    |                                 |  | 01         |             | L.  |         |            |              | 10    | 00.00    |                |  |
|          | Candidate Name<br>Rep. Glenn Nye                    |   | Disburser         | mant Fari                          | 2010                            |  | ate<br>Typ | gory/<br>pe |   |         |            |              |       |          |                |  |
|          | Office Sought:                                      | X House Senate President                  |                   | Primary Other (spe                 | General                         |  |            |             | Cont  | ributi  | on         |              |       |          |                |  |
|          | Full Name (Last, F                                  |   |                   |                                    |                                 |  |            |             | Trans   | sactio  | n ID:      | 1728         | 39339 | )        |                |  |
|          | Pascrell For Con<br>Mailing Address                 | P.O. Box 640                              |                   |                                    |                                 |  |            |             | Date<br>0 6   | M /     | burse<br>0 | ment<br>2    | Y Y   | 0 0 9    | ) <sup>Y</sup> |  |
|          | City  | 1 .O. Box 0 10                            |                   | State                              | Zip Code                        |  |            |             | Amor  | ınt of  | Each       | Disbur       | comon | t thic E | Poric          |  |
|          | Totowa  |   |                   | NJ                                 | 07511                           |  |            |             | 711101  | 3111 01 | Laon       | Disbui       |       | 00.00    | _              |  |
|          | Purpose of Disbursement Contribution Candidate Name |   |                   |                                    |                                 |  | 01         | 1<br>gory/  | L.  |         |            | •            | 10    | 00.00    |                |  |
|          | Rep. William J. Pascrell, Jr.                       |   |                   |                                    |                                 |  | Тур        |             |   |         |            |              |       |          |                |  |
|          | Office Sought: State: NJ                            | X House Senate President District: 08     | Disburser<br>X    | nent For:<br>Primary<br>Other (spe | 2010<br>General                 |  |            |             | Cont  | ributi  | on         |              |       |          |                |  |
|          | Full Name (Last, F<br>Adler For Congr               | irst, Middle Initial)                     |                   |                                    |                                 |  |            |             |   |         | on ID:     | 1728<br>ment | 39340 | )        |                |  |
|          | Mailing Address 14 Knightswood Drive                |   |                   |                                    |                                 |  |            |             | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |         |            |              |       |          |                |  |
|          | City<br>Marlton                                     |   |                   | State<br>NJ                        | Zip Code<br>08053               |  |            |             | Amo   | unt of  | Each       | Disbur       |       |          |                |  |
|          | Purpose of Disbursement<br>Contribution             |   |                   |                                    |                                 |  | 01         |             | <u>L</u> .  |         | -          |              | 20    | 00.00    |                |  |
|          | Candidate Name<br>Rep. John Herb                    | ert Adler                                 | Category/<br>Type |                                    |                                 |  |            |             |   |         |            |              |       |          |                |  |
|          | Office Sought:                                      | X House<br>Senate<br>President            |                   | nent For:<br>Primary<br>Other (spe | 2010<br>General                 |  |            |             | Cont  | ributi  | on         |              |       |          |                |  |
| —        | State: NJ   | District: 03                              |                   |                                    |                                 |  |            |             |   |         |            | -            |       | 00.00    |                |  |

|           |  | Use separate schedule(s)                               | )   |             | eck only         | NUMBE         | п.     |                |        | L P       | GE    | 144 /    | 102 |
|-----------|--|--|---|-------------|------------------|---------------|--------|----------------|--------|-----------|-------|----------|-----|
| IT<br>_   | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page         |   |             | 21b<br>27        | 22<br>28a     | X      | 23<br>28b      |        | 24<br>28c | В     | 25<br>29 | 2   |
|           | y Information copied from such Reports and State<br>for commercial purposes, other than using the nar<br>NAME OF COMMITTEE (In Full) |  |   |             |                  |               |        |                |        |           |       |          |     |
| $\rangle$ | American Hospital Association PAC  |  |   |             |                  |               |        |                |        |           |       |          |     |
|           | Full Name (Last, First, Middle Initial) Common Sense, Common Solutions PAG   |  |   |             |                  | Trans<br>Date | of Di  | sburs          | emer   |           |       |          |     |
|           | Mailing Address 1155 21st St, NW Suite 300   |  | 0 <sup>M</sup> 6                                      | M           | <sup>′</sup> □ C | 2             | / L    | ž              | o ŏ 9  | Y         |       |          |     |
|           | City<br>Washington   | State Zip Code DC 20036                                |   |             |                  | Amou          | int of | Each           | n Disk | ourse     | -     | this P   | -   |
|           | Purpose of Disbursement<br>2009 Contribution<br>Candidate Name   |  | Ca  | 011<br>ateg | ory/             | L.            |        | •              |        |           | 250   | 00.00    | •   |
|           | Office Sought: House Senate President State: District:   | sement For: Primary General Other (specify) ▼          |   | Тур         | 9                | 2009          | Cor    | ntribu         | tion   |           |       |          |     |
|           | Full Name (Last, First, Middle Initial) Quigley For Congress   |  |   |             | Trans Date       |               |        |                |        |           | 0 ŏ 9 | Y        |     |
|           | Mailing Address PO Box 13040   |  |   | _           |                  |               |        |                |        |           |       |          |     |
|           | City Chicago Purpose of Disbursement   | State Zip Code<br>IL 60613                             |   |             |                  | Amou          | int of | Each           | ı Dist | ourse     | -     | this P   |     |
|           | Contribution Candidate Name Rep. Mike Quigley  | ory/   |   |             |                  |               |        |                |        |           |       |          |     |
|           |  | sement For: 2010  ✓ Primary General  Other (specify) ▼ |   |             |                  | Contr         | ibut   | ion            |        |           |       |          |     |
|           | Full Name (Last, First, Middle Initial)  Bob Etheridge For Congress Committee  |  |   |             |                  |               |        | on ID<br>sburs | emer   |           |       |          | V   |
|           | Mailing Address Post Office Box 28001  |  | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |             |                  |               |        |                |        |           |       |          |     |
|           | City<br>Raleigh  | State Zip Code<br>NC 27611                             |   |             |                  | Amou          | int of | Each           | n Disk | ourse     | -     | this P   | -   |
|           | Purpose of Disbursement<br>Contribution  | 011  |   |             | 1000.00          |               |        |                |        |           |       |          |     |
|           | Candidate Name<br>Rep. Bob Etheridge   | ı  | ateg<br>Type  | -           |                  |               |        |                |        |           |       |          |     |
|           | X X  | sement For: 2010  K Primary General  Other (specify) ▼ | -   |             |                  | Contr         | ibut   | ion            |        |           |       |          |     |
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## SCHEDIII E B (FEC Form 3Y)

| Detailed Summary Page   | SCHEDULE B (FEC FOIIII 3X)                  | Use separate schedule(s) | FOR LINE  |  |
|---|---|--------------------------|-----------|--|
| Transaction ID: 17289368   Date of Disbursement Contribution      | ITEMIZED DISBURSEMENTS                      | Detailed Summary Page    | 21b 27    | 22 X 23 24 25 26<br>28a 28b 28c 29 3   |
| American Hospital Association PAC  Full Name (Last, First, Middle Initial) Schauer For Congress  Mailing Address PO Box 100  City Battle Creek MI 49016  Purpose of Disbursement Contribution  Candidate Name Rep. Mark H. Schauer  Office Sought: X, House President State: MI District: 07  Full Name (Last, First, Middle Initial) Boozman For Congress  Mailing Address PO Box 671  City Rogers  Amount of Each Disbursement Contribution  Transaction ID: 17289368 Date of Disbursement this F  1000.00  Contribution  Contribution  Transaction ID: 17289368 Date of Disbursement this F  1000.00  Contribution  Transaction ID: 17289369 Date of Disbursement Contribution  Transaction ID: 17289369 Date of Disbursement  Office Sought: X House President State: AR 72757  Purpose of Disbursement Contribution  Candidate Name Rep. John N. Boozman  Office Sought: X House President State: AR District: 03  Full Name (Last, First, Middle Initial) John Carler For Congress  Mailing Address  Mailing Address  Transaction ID: 17289370 Date of Disbursement Type  Contribution  Contribution  Contribution  Transaction ID: 17289370 Date of Disbursement  Other (specify) ▼  Transaction ID: 17289370 Date of Disbursement  Other (specify) ▼  Transaction ID: 17289370 Date of Disbursement  Office Sought: X House Senate President State: TX District: 31  Disbursement For: 2010 Cardidate Name Rep. John R. Carter  Office Sought: X House Senate President State: TX District: 31  |   |                          |           |  |
| Schauer For Congress  Mailing Address PO Box 100  City State Zip Code Battle Creek MI 49016  Purpose of Disbursement Contribution  Candidate Name Rep. Mark H. Schauer  Office Sought: X House President State: MI District: 07  Full Name (Last, First, Middle Initial) Boozman For Congress  Mailing Address PO Box 671  City Sanate President Senate President Contribution  City Senate President State: AR District: 03  Full Name (Last, First, Middle Initial) John Carter For Congress  Mailing Address 1717 North Ih-35 Suite 304  City State Zip Code Areneral Other (specify) ▼  Transaction ID: 17289370 Date of Disbursement Contribution  Transaction ID: 17289370 Date of Disbursement Contribution  Transaction ID: 17289370 Date of Disbursement Contribution  Contribution  Contribution  Transaction ID: 17289370 Date of Disbursement Contribution  Contribution  Contribution  Contribution  Contribution  Contribution  Candidate Name Rep. John R. Carter  Office Sought: Yeinary General Contribution  Candidate Name Rep. John R. Carter  Office Sought: Yeinary General Contribution  Candidate Name Rep. John R. Carter  Office Sought: Yeinary General Contribution  Contribut | 1 \   |                          |           |  |
| City Scarte Possor Disbursement Contribution Candidate Name President State: AR District: 03  Full Name (Last, First, Middle Initial) John Carter For Congress  Mailing Address PO Box 671  City Senate President Scarter  Office Sought: X House Senate President State: AR District: 03  Full Name (Last, First, Middle Initial) John Carter For Congress  Mailing Address PO Box 671  City State Zip Code AR 72757  Purpose of Disbursement Contribution  Office Sought: X House President State: AR District: 03  Full Name (Last, First, Middle Initial) John Carter For Congress  Mailing Address PO Box 671  City Senate President State: AR District: 03  Full Name (Last, First, Middle Initial) John Carter For Congress  Mailing Address 1717 North Ih-35  Suite 304  City State Zip Code TX 78664  Purpose of Disbursement Contribution  Contribution  Contribution  Transaction ID: 17289370  Contribution  Transaction ID: 17289370  Date of Disbursement for: 2010  X Primary General Office Sought: Y 2 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Schauer For Congress                        |                          |           | Date of Disbursement   |
| Battle Creek  Purpose of Disbursement Contribution Candidate Name Rep. Mark H. Schauer  Office Sought:  | Mailing Address PO Box 100                  |                          |           | 06 17 2009   |
| Contribution Candidate Name Rep. Mark H. Schauer  Office Sought:  |   |                          |           | Amount of Each Disbursement this Period  |
| Rep. Mark H. Schauer  Office Sought:  | Contribution                                |                          | 011       | 1000.00  |
| Senate President State: MI District: 07  Full Name (Last, First, Middle Initial) Boozman For Congress  Mailing Address PO Box 671  City State Zip Code AR 72757  Purpose of Disbursement Contribution  Office Sought: X House Senate President State: AR District: 03  Full Name (Last, First, Middle Initial) Boozman For Congress  Mailing Address PO Box 671  Transaction ID: 17289369 Date of Disbursement On 10 11 Category Type  Contribution  Contribution  Contribution  Contribution  Contribution  Transaction ID: 17289369 Date of Disbursement this F  1000.00  Contribution  Contribution  Contribution  Contribution  Transaction ID: 17289370 Contribution  Contribution  Transaction ID: 17289370 Date of Disbursement this F  1000.00  Contribution  Transaction ID: 17289370 Date of Disbursement this F  1000.00  Contribution  Transaction ID: 17289370 Date of Disbursement this F  1000.00  Contribution  Transaction ID: 17289370 Date of Disbursement this F  1000.00  Contribution  Transaction ID: 17289370 Date of Disbursement this F  1000.00  Contribution  Transaction ID: 17289370 Date of Disbursement this F  1000.00  Contribution  Contribution  Cardidate Name Rep. John R. Carter  Office Sought: X House Senate President Senate President Senate President Other (specify) ▼  Contribution  Contribution  Contribution  Contribution  |   |                          |           |  |
| Full Name (Last, First, Middle Initial) Boozman For Congress  Mailing Address PO Box 671  City State Zip Code AR 72757  Purpose of Disbursement Contribution  Candidate Name Rep. John N. Boozman  Office Sought: X House Senate President State: AR District: 03  Full Name (Last, First, Middle Initial) John Carter For Congress  Mailing Address 1717 North Ih-35 Suite 304  City Round Rock TX 78664  Purpose of Disbursement Contribution  Candidate Name Rep. John R. Carter  Office Sought: X House State Zip Code AR 72757  Amount of Each Disbursement this F  Contribution  Contribution  Transaction ID: 17289370 Date of Disbursement  Office Sought: Amount of Each Disbursement this F  Contribution  Contribution  Contribution  Candidate Name Rep. John R. Carter  Office Sought: X House Senate President State: TX District: 31  Disbursement For: 2010 Contribution  | Senate President                            | X Primary General        |           | Contribution   |
| Date of Disbursement    Date of Disbursement  | Full Name (Last, First, Middle Initial)     |                          |           | Transaction ID: 17289369   |
| City Rogers AR 72757  Purpose of Disbursement Contribution  Candidate Name Rep. John N. Boozman  Office Sought:  State: AR District: 03  Full Name (Last, First, Middle Initial) John Carter For Congress  Mailing Address 1717 North Ih-35 Suite 304  City Round Rock TX 78664  Purpose of Disbursement Contribution  Transaction ID: 17289370 Date of Disbursement  0 6 M 1 7 7 Y 2 0 0 9  Amount of Each Disbursement this F  Contribution  Contribution  Transaction ID: 17289370 Date of Disbursement  0 6 M 1 7 7 Y 2 0 0 9  Amount of Each Disbursement this F  Contribution  Candidate Name Rep. John R. Carter  Office Sought: X House Senate President Senate President Senate President Contribution   | Boozman For Congress                        |                          |           | Date of Disbursement   |
| Rogers  Purpose of Disbursement Contribution  Candidate Name Rep. John N. Boozman  Office Sought:   | Mailing Address PO Box 671                  |                          |           | 06 17 2009   |
| Contribution  Candidate Name Rep. John N. Boozman  Office Sought: X House   | •   |                          |           | Amount of Each Disbursement this Period  |
| Rep. John N. Boozman  Office Sought:  |   |                          | 011       | 1000.00  |
| Senate President Other (specify) ▼  State: AR District: 03  Full Name (Last, First, Middle Initial) John Carter For Congress  Mailing Address 1717 North Ih-35 Suite 304  City State Zip Code Round Rock TX 78664  Purpose of Disbursement Contribution  Candidate Name Rep. John R. Carter  Office Sought: X House Senate President State: TX District: 31  Senate Other (specify) ▼  Contribution   |   |                          |           |  |
| John Carter For Congress  Mailing Address 1717 North Ih-35 Suite 304  City State Zip Code Round Rock TX 78664  Purpose of Disbursement Contribution Candidate Name Rep. John R. Carter  Office Sought: X House Senate President State: TX District: 31  State Zip Code TX 78664  Amount of Each Disbursement this F Category/ Type  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution  | Senate President                            | X Primary General        |           | Contribution   |
| Suite 304  City Round Rock TX 78664  Purpose of Disbursement Contribution Candidate Name Rep. John R. Carter  Office Sought:  State: TX District: 31  State Zip Code TX 78664  Amount of Each Disbursement this F  Category/ Type  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution   | ,   |                          |           | Date of Disbursement   |
| Round Rock TX 78664  Purpose of Disbursement Contribution Candidate Name Rep. John R. Carter  Office Sought: X House Senate President State: TX District: 31  Category/ Type  Contribution Contribution Contribution Contribution Contribution Contribution   |   |                          |           | $\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O & D \end{smallmatrix} \end{bmatrix}$ |
| Contribution  Candidate Name Rep. John R. Carter  Office Sought:  X House Senate President State: TX  District: 31  Disbursement For:  X Primary General Other (specify)  Contribution  Contribution  |   |                          |           | Amount of Each Disbursement this Period  |
| Candidate Name Rep. John R. Carter  Office Sought: X House Senate President State: TX  District: 31  Category/ Type  Contribution  Contribution  Contribution   |   |                          | 011       | 1000.00  |
| Office Sought:  |   |                          | Category/ |  |
| 2000.00   | Senate President                            | X Primary General        | 71        | Contribution   |
| SUBTOTAL of Disbursements This Page (optional)  |   |                          |           | 2000.00  |
|   | SUBTOTAL of Disbursements This Page (option | nal)                     | <u></u>   | 3000.00  |

| SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS  | Use separate schedule(<br>for each category of the       | (check on         | E NUMBER: PAGE 146 / 162<br>ly one)  |
|---|--|-------------------|--|
|   | Detailed Summary Page                                    | 27                | 28a 28b 28c 29   |
| Any Information copied from such Reports and Si<br>or for commercial purposes, other than using the |  |                   |  |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC                                      |  |                   |  |
| Full Name (Last, First, Middle Initial)<br>Team Emerson For Jo Ann Emerson                          |  |                   | Transaction ID: 17289371 Date of Disbursement  |
| Mailing Address P.O. Box 822<br>400 Broadway, Suite   | 501  |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
| City<br>Cape Girardeau  | State Zip Code<br>MO 63702                               |                   | Amount of Each Disbursement this Perio   |
| Purpose of Disbursement Contribution  |  | 011               | 1000.00  |
| Candidate Name<br>Rep. Jo Ann Emerson   |  | Category/<br>Type |  |
| Senate President  | oursement For: 2010  X Primary Genera  Other (specify) ▼ | ı                 | Contribution   |
| State: MO District: 08  Full Name (Last, First, Middle Initial)  Joe Donnelly For Congress          |  |                   | Transaction ID: 17289372 Date of Disbursement  |
| Mailing Address PO Box 1961   |  |                   | $\begin{bmatrix} M & M & M & M & D & D & D & M $ |
| City<br>South Bend  | State Zip Code IN 46634                                  |                   | Amount of Each Disbursement this Perio   |
| Purpose of Disbursement Contribution  |  | 011               | 2000.00  |
| Candidate Name<br>Rep. Joseph Donnelly  |  | Category/<br>Type |  |
| Office Sought:  X House Senate President State: IN District: 02                                     | oursement For: 2010  X Primary Genera  Other (specify)   |                   | Contribution   |
| Full Name (Last, First, Middle Initial) Friends Of John Barrow                                      |  |                   | Transaction ID: 17289374 Date of Disbursement  |
| Mailing Address PO Box 8166   |  |                   | 06 7 17 7 2009   |
| City<br>Savannah  | State Zip Code<br>GA 31412                               |                   | Amount of Each Disbursement this Perio   |
| Purpose of Disbursement<br>Contribution   |  | 011               | 1000.00  |
| Candidate Name<br>Rep. John Barrow  |  | Category/<br>Type |  |
| Office Sought: X House Disk Senate President  | oursement For: 2010  X Primary Genera  Other (specify) ▼ | l                 | Contribution   |
| State: GA District: 12  |  |                   |  |
|   |  |                   | 4000.00  |

|    | CHEDULE B (FEC Form  | y Use sep                               | parate schedule(s)                  |                   | E NUMBER: PAGE 147/16  |
|----|--|---|-------------------------------------|-------------------|--|
| IT | EMIZED DISBURSEMEN   | ITS for each                            | a category of the<br>I Summary Page | (check or 21b 27  | 22   X 23   24   25   28a   28b   28c   29   |
|    |  |   |                                     |                   | for the purpose of soliciting contributions olicit contributions from such committee   |
|    | NAME OF COMMITTEE (In Full) American Hospital Association I            | •                                       | oce of any pointed                  |                   | SIGN COMMISCALOR TO THE COMMISSION COMMISSIO |
|    | Full Name (Last, First, Middle Initial)<br>Friends of Jim Clyburn      |   |                                     |                   | Transaction ID: 17289375 Date of Disbursement  |
|    | Mailing Address P.O. Box 1256  | 57                                      |                                     |                   | 06 / 17 / 2009   |
|    | City<br>Columbia   | State<br>SC                             | Zip Code<br>29211                   |                   | Amount of Each Disbursement this Peri  |
|    | Purpose of Disbursement Contribution Candidate Name                    |   |                                     | 011<br>Category/  | 1500.00  |
|    | Rep. James E. Clyburn  Office Sought: X House                          | Disbursement For:                       | 2010                                | Type              |  |
|    | Senate President State: SC District: 06                                | X Primary<br>Other (sp                  | General                             |                   | Contribution   |
|    | Full Name (Last, First, Middle Initial) Jim Himes For Congress         |   |                                     |                   | Transaction ID: 17289376 Date of Disbursement  |
|    | Mailing Address 857 Post Road Box 456                                  | d, #312                                 |                                     |                   | 06 / 17 / 2009   |
|    | City<br>Fairfield  | State<br>CT                             | Zip Code<br>06824                   |                   | Amount of Each Disbursement this Peri  |
|    | Purpose of Disbursement<br>Contribution                                |   |                                     | 011               | 1000.00  |
|    | Candidate Name<br>Rep. James A. Himes                                  |   |                                     | Category/<br>Type |  |
|    | Office Sought:  X House Senate President State: CT District: 04        | Disbursement For:  X Primary  Other (sp | 2010<br>General pecify) ▼           |                   | Contribution   |
|    | Full Name (Last, First, Middle Initial)<br>Candice Miller For Congress |   |                                     |                   | Transaction ID: 17289379 Date of Disbursement  |
|    | Mailing Address P.O. Box 1821  | 52                                      |                                     |                   | 06 7 17 7 2009   |
|    | City<br>Shelby Township  | State<br>MI                             | Zip Code<br>48318                   |                   | Amount of Each Disbursement this Peri  |
|    | Purpose of Disbursement<br>Contribution                                |   |                                     | 011               | 1500.00  |
|    | Candidate Name Rep. Candice S. Miller                                  | 1                                       |                                     | Category/<br>Type |  |
|    | Office Sought: X House Senate  | Disbursement For:  X Primary            | 2010<br>General                     |                   | Contribution   |
|    | President State: MI District: 10                                       | Other (sp                               | pecify)                             |                   |  |

| SCHEDULE B (FEC Fo<br>TEMIZED DISBURSEN                            | IENTS for e                   | separate schedule(s<br>ach category of the | (check or         | <u>-</u>  |
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|  | Deta                          | iled Summary Page                          | 21b<br>27         | 22 X 23 24 25<br>28a 28b 28c 29   |
|  |                               |  |                   | for the purpose of soliciting contributions solicit contributions from such committee |
| NAME OF COMMITTEE (In Full American Hospital Associat              | ,                             |  |                   |   |
| Full Name (Last, First, Middle Ini<br>Lucille Roybal-Allard For Co | •                             |  |                   | Transaction ID: 17289381 Date of Disbursement   |
| Mailing Address P.O. Box   | 582                           |  |                   | 06 7 17 7 2009  |
| City<br>Kensington   | State<br>MD                   | Zip Code<br>20895                          |                   | Amount of Each Disbursement this Peri   |
| Purpose of Disbursement Contribution                               |                               |  | 011               | 1000.00   |
| Candidate Name<br>Rep. Lucille Roybal-Allard                       |                               |  | Category/<br>Type |   |
| Office Sought:  X House Senate President                           | Disbursement F  X Prima Other |  |                   | Contribution  |
| State: CA District: 34  Full Name (Last, First, Middle Ini         | tial)                         |  |                   | Transaction ID: 17292290  |
| Mike Thompson For Congre   | ess                           |  |                   | Date of Disbursement  |
| Mailing Address 5429 Mad   | ison Avenue                   |  |                   | 06 7 17 7 2009  |
| City<br>Sacramento   | State<br>CA                   | Zip Code<br>95841                          |                   | Amount of Each Disbursement this Peri   |
| Purpose of Disbursement<br>Contribution                            |                               |  | 011               | 250.00  |
| Candidate Name<br>Rep. Michael Thompson                            |                               |  | Category/<br>Type |   |
| Office Sought:  X House Senate President State: CA District: 01    | Disbursement F  X Prima Other |  |                   | Contribution  |
| Full Name (Last, First, Middle Ini<br>Judy Chu for Congress        | itial)                        |  |                   | Transaction ID: 17292291 Date of Disbursement   |
| Mailing Address 777 S. Fig<br>Suite 4050                           | gueroa Street                 |  |                   | 06 7 17 7 2009  |
| City<br>Los Angeles  | State<br>CA                   | Zip Code<br>90017                          |                   | Amount of Each Disbursement this Peri   |
| Purpose of Disbursement<br>Contribution                            |                               |  | 011               | 1000.00   |
| Candidate Name<br>Rep. Judy Chu                                    |                               |  | Category/<br>Type |   |
| Office Sought:  X House Senate President                           | Disbursement F  X Prima Other |  |                   | Contribution  |
| State: CA District: 32   |                               | · •  |                   |   |
|  |                               |  |                   |   |

### SCHEDULE B (FEC Form 3X)

|             |   | Use separate schedule(s)                         | FOR LINE NUMBER: PAGE 149 / 162 (check only one)  |
|-------------|---|--|---|
|             | EMIZED DISBURSEMENTS  | Detailed Summary Page                            | 21b 22 X 23 24 25 27 28a 28b 28c 29   |
|             |   |  | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee |
| $\setminus$ | NAME OF COMMITTEE (In Full)                                     |  |   |
|             | American Hospital Association PAC                               |  |   |
|             | Full Name (Last, First, Middle Initial) Judy Chu for Congress   |  | Transaction ID: 17292292 Date of Disbursement   |
|             | Mailing Address 777 S. Figueroa Street                          |  | 0 6 1 7 2 0 0 9   |
|             | Suite 4050  | State Zip Code                                   | Amount of Each Disbursement this Period   |
|             | Los Angeles   | CA 90017   |   |
|             | Purpose of Disbursement<br>Contribution                         |  | 1000.00   |
|             | Candidate Name<br>Rep. Judy Chu                                 |  | egory/<br>ype   |
|             | Senate President  | ement For: 2010 Primary General Other (specify)  | Contribution  |
| _           | State: CA District: 32  Full Name (Last, First, Middle Initial) |  |   |
|             | Hoosiers For Hill   |  | Transaction ID: 17292293 Date of Disbursement   |
|             | Mailing Address PO Box 1071                                     |  | 06 06 7 7 7 7 2009  |
|             | City<br>Seymour   | State Zip Code<br>IN 47274                       | Amount of Each Disbursement this Period   |
|             | Purpose of Disbursement<br>Contribution                         |  | 1000.00   |
|             | Candidate Name<br>Rep. Baron Hill                               |  | egory/<br>ype   |
|             | Senate President  | ement For: 2010 Primary General Other (specify)  | Contribution  |
|             | State: IN District: 09 Full Name (Last, First, Middle Initial)  |  | Transaction ID: 17292294  |
|             | Mike McMahon For Congress                                       |  | Date of Disbursement  |
|             | Mailing Address 66 Arnold Street                                |  | $ \begin{array}{c c}  & M & M \\ \hline 0 & 6 & M \end{array} $   |
|             | City<br>Staten Island   | State Zip Code<br>NY 10301                       | Amount of Each Disbursement this Period   |
|             | Purpose of Disbursement<br>Contribution                         |  | 1000.00   |
|             | Candidate Name<br>Rep. Michael E. McMahon                       | Cat  | egory/<br>ype   |
|             | Office Sought: X House Disburs                                  | ement For: 2010  Primary General Other (specify) | Contribution  |
| _           | State: NY District: 13  |  |   |
| 1           |   |  | 3000.00   |

|           | CHEDULE B (FEC FOIII 3X)   | Use separate schedule(s                         | ) |           | check on    | E NUMBEF<br>nlv one) | ١.                  |          | PAGE  | 150 /    | 162            |
|-----------|--|---|---|-----------|-------------|----------------------|---------------------|----------|-------|----------|----------------|
|           | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page  |   | È         | 21b<br>27   | 22<br>28a            | X 23<br>28b         | 24<br>28 | С     | 25<br>29 |                |
|           | y Information copied from such Reports and Stater<br>for commercial purposes, other than using the nam |   |   |           |             |                      |                     |          |       |          | ;              |
| $\rangle$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  | ,,  |   |           |             |                      |                     |          |       |          |                |
| <u>/</u>  | Full Name (Last, First, Middle Initial) Price For Congress   |   |   |           |             | Date of              | ction ID<br>Disburs | ement    | 92297 | 7        |                |
|           | Mailing Address P.O. Box 425   |   |   |           |             | 06                   | / D                 | 7 7      | Ý Ž   | 0 0 9    | ) <sup>Y</sup> |
|           | City<br>Roswell  | State Zip Code<br>GA 30077                      |   |           |             | Amour                | t of Each           | Disbur   |       |          | -              |
|           | Purpose of Disbursement<br>Contribution  |   |   | 0-        | 11          | ] L.                 |                     |          | 20    | 00.00    | 1              |
|           | Candidate Name<br>Rep. Thomas E. Price, M.D.   |   |   | ate<br>Ty | gory/<br>pe |                      |                     |          |       |          |                |
|           | Senate President   | ement For: 2010 Primary General Other (specify) |   |           |             | Contril              | oution              |          |       |          |                |
|           | State: GA District: 06  Full Name (Last, First, Middle Initial)  Glacier PAC                           |   |   |           |             |                      | ction ID            |          | 92299 | )        |                |
|           | Mailing Address 818 Connecticut Ave., N  | W   |   |           |             | 06                   | / D                 | 23 /     | ÝŽ    | 0 ŏ 9    | ) <sup>Y</sup> |
|           | City<br>Washington   | State Zip Code DC 20006                         |   |           |             | Amour                | t of Each           | Disbur   | semer | t this F | •erio          |
|           | Purpose of Disbursement<br>2009 Contribution   |   |   | Ō-        | 11          | <u> </u>             |                     |          | 50    | 00.00    | 1              |
|           | Candidate Name<br>Glacier PAC  |   |   | ate<br>Ty | gory/<br>pe |                      |                     |          |       |          |                |
|           | Office Sought: House Senate President State: District:   | ement For:  Primary General  Other (specify) ▼  | • |           |             | 2009 (               | Contribu            | tion     |       |          |                |
|           | Full Name (Last, First, Middle Initial)<br>CHC-BOLD PAC:Building our Leadership                        | Diversity PAC                                   |   |           |             | Date of              | ction ID<br>Disburs | ement    |       |          |                |
|           | Mailing Address Post Office Box 310  |   |   |           |             | 06                   | / D                 | 23 /     | Ž     | 0 ŏ 9    | ) <sup>Y</sup> |
|           | City<br>Washington   | State Zip Code<br>DC 20003                      |   |           |             | Amour                | t of Each           | Disbur   |       |          |                |
|           | Purpose of Disbursement<br>2009 Contribution   |   |   | 0-        | 11          | ] L.                 |                     |          | 10    | 00.00    |                |
|           | Candidate Name CHC-BOLD PAC:Building our Leadership  | Diversity PAC                                   |   | ate<br>Ty | gory/<br>pe |                      |                     |          |       |          |                |
|           | Office Sought: House Senate President State: District:   | ement For: Primary General Other (specify)      |   |           |             | 2009 (               | Contribu            | tion     |       |          |                |
|           | UBTOTAL of Disbursements This Page (optional)  |   |   |           |             |                      |                     |          | 00    | 00.00    |                |

### SCHEDIII E B (FEC Form 3Y)

| Any Information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC |   | (check onl        | 22 X 23 24 25 2<br>28a 28b 28c 29 3  |
|--|---|-------------------|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   |   | hu ony poroon     |  |
| NAME OF COMMITTEE (In Full)  | name and address of any political                       |                   |  |
| / American nospital Association i Ac   | · · · · · · · · · · · · · · · · · · ·                   |                   |  |
| , ·  |   |                   |  |
| Full Name (Last, First, Middle Initial) Richard E Neal For Congress Commit   | tee   |                   | Transaction ID: 17292303  Date of Disbursement   |
| Mailing Address 76 Magnolia Terrace  |   |                   | $\begin{bmatrix} M & M \\ O & G \end{bmatrix} & \begin{bmatrix} D & D \\ D & D \end{bmatrix} & \begin{bmatrix} Y & Y & Y & O & O \\ Y & Z & O & O & O \end{bmatrix}$       |
| City<br>Springfield  | State Zip Code<br>MA 01108                              |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Contribution  |   | 011               | 2500.00  |
| Candidate Name<br>Rep. Richard E. Neal   |   | Category/<br>Type |  |
| Senate President   | oursement For: 2010  X Primary General  Other (specify) |                   | Contribution   |
| State: MA District: 02  Full Name (Last, First, Middle Initial)  |   |                   | Transaction ID: 17000040   |
| Friends of Jim Clyburn   |   |                   | Transaction ID: 17292646  Date of Disbursement   |
| Mailing Address P.O. Box 12567   |   |                   | $ \begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} \begin{bmatrix} 0 & 2 & 3 \\ 0 & 2 & 3 \end{bmatrix} \begin{bmatrix} 0 & 2 & 3 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix} $ |
| City<br>Columbia   | State Zip Code<br>SC 29211                              |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Contribution  |   | 011               | 2500.00  |
| Candidate Name<br>Rep. James E. Clyburn  |   | Category/<br>Type |  |
| Senate President   | oursement For: 2010  X Primary General  Other (specify) |                   | Contribution   |
| State: SC District: 06  Full Name (Last, First, Middle Initial)  |   |                   | Transaction ID: 17292978   |
| Schiff For Congress  |   |                   | Date of Disbursement   |
| Mailing Address 777 S. Figueroa St. Suite 4050   |   |                   | 06 7 23 7 2009   |
| City<br>Los Angeles  | State Zip Code CA 90017                                 |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Contribution  |   | 011               | 2000.00  |
| Candidate Name<br>Rep. Adam B. Schiff  |   | Category/<br>Type |  |
| Senate President   | oursement For: 2010  X Primary General  Other (specify) |                   | Contribution   |
| State: CA District: 29   |   |                   |  |
| SUBTOTAL of Disbursements This Page (option  | nal)  | <u> </u>          | 7000.00  |

# SCHEDULE B (FEC Form 3X)

|           |                                  |                                       | -              |                                    | arate schedule(s)               | ı  |             | neck only | NUMBE<br>/ one)  |       |                 |             |           |      |          | 162   |
|-----------|----------------------------------|---------------------------------------|----------------|------------------------------------|---------------------------------|----|-------------|-----------|------------------|-------|-----------------|-------------|-----------|------|----------|-------|
| ITE       | EMIZED DI                        | SBURSEMEN                             | ITS            |                                    | category of the<br>Summary Page |    |             | 21b 27    | 22<br>28a        | Х     | 23<br>28b       |             | 24<br>28c | Н    | 25<br>29 |       |
|           |                                  | ed from such Reports                  |                |                                    |                                 |    |             | person f  | or the pu        |       | se of s         |             | ng co     |      | utions   | -     |
| L         | NAME OF COM                      | <u>·</u>                              |                |                                    |                                 |    |             |           |                  |       |                 |             |           |      |          |       |
| $\rangle$ | American Hos                     | pital Association F                   | PAC            |                                    |                                 |    |             |           |                  |       |                 |             |           |      |          |       |
|           | •                                | First, Middle Initial)                |                |                                    |                                 |    |             |           |                  |       | on ID           |             |           | 558  |          |       |
|           |                                  | Waxman Campai                         |                |                                    |                                 |    |             |           |                  | of D  | isburs          | emer<br>2 3 | nt<br>/ Y | Y    | 0 ŏ 9    | Υ     |
|           | Mailing Address                  | 6380 Wilshire                         |                |                                    |                                 |    |             |           | 1                |       |                 |             | L         |      |          |       |
|           | City<br>Los Angeles              |                                       |                | State<br>CA                        | Zip Code<br>90048               |    |             |           | Amou             | ınt o | f Each          | n Disk      | ourse     | -    |          | -     |
|           | Purpose of Disbu<br>Contribution | ırsement                              |                |                                    |                                 |    | 01          | 1         |                  |       |                 |             |           | 500  | 00.00    |       |
|           | Candidate Name<br>Rep. Henry A.  | Waxman                                |                |                                    |                                 | Ca |             | jory/     |                  |       |                 |             |           |      |          |       |
|           | Office Sought:                   | X House Senate President District: 30 |                | ment For:<br>Primary<br>Other (spe | 2010 General                    |    |             |           | Contr            | ibut  | ion             |             |           |      |          |       |
|           |                                  | First, Middle Initial)                |                |                                    |                                 |    |             |           |                  | of D  | isburs          | emer        |           | 691  |          |       |
|           | Mailing Address                  | Village Station                       | , PO Box 4     | -0                                 |                                 |    |             |           | 0 <sup>M</sup> 6 | М     | <sup>/</sup> 2  | 23          | / Y       | ž    | 0 ŏ 9    | Υ     |
|           | City<br>New York                 |                                       |                | State<br>NY                        | Zip Code<br>10014               |    |             |           | Amou             | ınt o | f Each          | n Disk      | ourse     | ment | this P   | erioc |
|           | Purpose of Disbu<br>Contribution | irsement                              |                |                                    |                                 |    | 01          | 1         | L.               |       |                 |             |           | 200  | 00.00    | _     |
|           | Candidate Name<br>Rep. Jerrold L |                                       |                |                                    |                                 |    | ateg<br>Typ | jory/     |                  |       |                 |             |           |      |          |       |
|           | Office Sought:                   | X House Senate President              |                | ment For:<br>Primary<br>Other (spe | 2010 General                    |    |             |           | Contr            | ibut  | ion             |             |           |      |          |       |
|           | State: NY                        | District: 08 First, Middle Initial)   |                |                                    |                                 |    |             |           |                  |       |                 |             |           |      |          |       |
|           | Chris Lee For                    | ,                                     |                |                                    |                                 |    |             |           | Date             | of D  | on ID<br>isburs | emer        |           |      |          | _     |
|           | Mailing Address                  | PO Box 15395                          |                |                                    |                                 |    |             |           | 0 6              | М     |                 | 2 3         | / L       | ž    | 0 ŏ 9    | Y     |
|           | City<br>Rochester                |                                       |                | State<br>NY                        | Zip Code<br>14615               |    |             |           | Amou             | ınt o | f Each          | n Disk      | ourse     | ment | this P   | eriod |
|           | Purpose of Disbu                 | ırsement                              |                |                                    |                                 | Г  | 01          | 1         | L.               |       |                 |             |           | 125  | 50.00    |       |
|           | Candidate Name<br>Rep. Christoph |                                       |                |                                    |                                 | Ca |             | jory/     |                  |       |                 |             |           |      |          |       |
|           | Office Sought:                   | X House<br>Senate<br>President        |                | ment For:<br>Primary<br>Other (spe | 2010 General                    |    | - 71        | -         | Contr            | ibut  | ion             |             |           |      |          |       |
| _         | State: NY                        | District: 26                          |                |                                    |                                 |    |             |           |                  |       |                 |             |           |      |          |       |
|           | IRTOTAL of Disk                  | oursements This Pag                   | e (optional) . |                                    |                                 |    |             | •         |                  |       |                 |             |           | 825  | 0.00     |       |

В.

C.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          |                   | NUMBER:                       |                  | РА        | GE   | 153      | 162  | 2             |
|---|---|-------------------|-------------------------------|------------------|-----------|------|----------|--|---------------|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page    | (check only       |                               | 23 <u> </u>      | 24<br>28c | П    | 25<br>29 |  | 26<br>30b     |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nan |   | y any person f    | or the purpose                | e of solic       | citing co |      | utions   | <u>                                     </u> | 300           |
| NAME OF COMMITTEE (In Full)   |   |                   |                               |                  |           |      |          |  |               |
| American Hospital Association PAC   |   |                   |                               |                  |           |      |          |  |               |
| Full Name (Last, First, Middle Initial) Scott Murphy For Congress                                       |   |                   | <b>Transactio</b> Date of Dis |                  | -         | 009  |          |  |               |
| Mailing Address 615 Glen Street   |   |                   | 06                            | 23               | / Y       | ž    | 0 ŏ s    | ) <sup>Y</sup>                               |               |
| City<br>Glens Falls   | State Zip Code<br>NY 12801                        |                   | Amount of                     | Each Di          | isburse   | ment | this f   | Perio  | d             |
| Purpose of Disbursement<br>Contribution   |   | 011               |                               |                  |           | 50   | 00.00    |  |               |
| Candidate Name<br>Rep. H Scott Murphy   | ,   | Category/<br>Type |                               |                  |           |      |          |  |               |
|   | ement For: 2010  Primary General  Other (specify) | 71                | Contribution                  | on               |           |      |          |  |               |
| Full Name (Last, First, Middle Initial) Scott Murphy For Congress                                       |   |                   | Transactio<br>Date of Dis     |                  | -         | 039  |          |  |               |
| Mailing Address 615 Glen Street   |   |                   | 06 4                          | <sup>D</sup> 2 3 |           | ž    | o ŏ s    | ) Y  |               |
| City<br>Glens Falls   | State Zip Code<br>NY 12801                        |                   | Amount of                     | Each Di          | isburse   | -    |          | _  | od .          |
| Purpose of Disbursement<br>Contribution   |   | 011               |                               |                  |           | 100  | 00.00    | )  |               |
| Candidate Name<br>Rep. H Scott Murphy   |   | Category/<br>Type |                               |                  |           |      |          |  |               |
|   | ement For: 2010  Primary General  Other (specify) |                   | Contribution                  | on               |           |      |          |  |               |
| Full Name (Last, First, Middle Initial)   |   |                   | Transactio                    | ID.              | 17004     | 100  |          |  |               |
| Roskam For Congress Committee   |   |                   | Date of Dis                   | bursem           | ent       |      | V        | V  |               |
| Mailing Address P. O. Box 713   |   |                   | 0 6                           | 23               |           | 2    | 0 ŏ s    | )  |               |
| City<br>Wheaton   | State Zip Code<br>IL 60187                        |                   | Amount of                     | Each Di          | isburse   | -    |          | _  | od .          |
| Purpose of Disbursement<br>Contribution   |   | 011               |                               |                  |           | 100  | 00.00    | )  | _             |
| Candidate Name<br>Rep. Peter Roskam   |   | Category/<br>Type |                               |                  |           |      |          |  |               |
| Senate President  | ement For: 2010  Primary General  Other (specify) |                   | Contribution                  | on               |           |      |          |  |               |
| State: IL District: 06  |   |                   |                               |                  |           |      |          |  | $\overline{}$ |
| SUBTOTAL of Disbursements This Page (optional)  |   | <b>&gt;</b>       |                               |                  |           | 250  | 0.00     |  | =             |

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|          | CHEDULE B (FEC FOIIII 3X)  | Use separate schedule(s                               | ) |     | check on      | E NUMBE                  | n.       |        | LP        | AGE   | 154 /    | 162    |
|----------|--|---|---|-----|---------------|--------------------------|----------|--------|-----------|-------|----------|--------|
|          | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page     |   | È   | 21b<br>27     | 22<br>28a                |          | 8b     | 24<br>28c |       | 25<br>29 |        |
|          | y Information copied from such Reports and Stati<br>for commercial purposes, other than using the na |   |   |     |               |                          |          |        |           |       |          |        |
|          | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |   |   |     |               |                          |          |        |           |       |          |        |
| <u> </u> | Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee                            |   |   |     |               | Date                     | of Disb  | ursen  |           | 4253  |          |        |
|          | Mailing Address PO Box 23626   |   |   |     |               | 0 <sup>M</sup> 6         | M /      | 23     | 3 /       | Ý Ž   | 0 ŏ 9    | Y      |
|          | City<br>Federal Way  | State Zip Code<br>WA 98093                            |   |     |               | Amou                     | int of E | ach D  | isburs    | -     |          | -      |
|          | Purpose of Disbursement<br>Contribution  |   |   | _   | 11            | <u> L.</u>               | -        |        | •         | 250   | 00.00    |        |
|          | Candidate Name<br>Rep. Adam Smith  |   |   |     | egory/<br>/pe |                          |          |        |           |       |          |        |
|          | Senate President   | xsement For: 2010  X Primary General  Other (specify) |   |     |               | Contr                    | ibutio   | n      |           |       |          |        |
|          | State: WA District: 09  Full Name (Last, First, Middle Initial)                                      |   |   |     |               |                          |          |        | 1729      | 4685  |          |        |
|          | PAC to the Future  Mailing Address 268 Bush Street   |   |   |     |               | Date<br>0 <sup>M</sup> 6 | of Disb  |        | 7 /       | Y Ž   | o ŏ 9    | Y      |
|          | PMB 3230 City San Francisco  | State Zip Code CA 94104                               |   |     |               | Amou                     | ınt of E | ach D  | isburs    | ement | t this P | Period |
|          | Purpose of Disbursement 2009 Contribution  | OA 94104  |   | 0   | 11            |                          |          |        |           | 500   | 00.00    |        |
|          | Candidate Name<br>PAC to the Future  |   |   | ate | egory/<br>vpe |                          |          |        |           |       |          |        |
|          | Office Sought: House Disbu Senate President State: District:   | rsement For:  Primary General  Other (specify) ▼      | • |     |               | 2009                     | Contr    | ibutio | on        |       |          |        |
|          | Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc                               |   |   |     |               | Date                     | of Disb  | ursen  |           |       |          |        |
|          | Mailing Address Post Office Box 47084  | 0   |   |     |               | 0 <sup>M</sup> 6         | M /      | 2 2    | )<br>     | Y Ž   | 0 ŏ 9    | Y      |
|          | City<br>Tulsa  | State Zip Code<br>OK 74147                            |   |     |               | Amou                     | int of E | ach D  | isburs    | -     |          | -      |
|          | Purpose of Disbursement Contribution   |   |   | _   | 11            | <u> </u>                 |          |        |           | 100   | 00.00    |        |
|          | Candidate Name<br>Rep. John Sullivan   |   |   |     | egory/<br>/pe |                          |          |        |           |       |          |        |
|          | Senate President   | sement For: 2010  X Primary General Other (specify)   | • |     |               | Contr                    | ibutio   | n      |           |       |          |        |
|          | State: OK District: 01  UBTOTAL of Disbursements This Page (optional)                                |   |   |     |               |                          |          |        | -         | 950   | 0.00     |        |

| IT      | •   | 3X) Use sep                             | arate schedule(s)                              | FOR LINE                         |   |
|---------|---|---|--|----------------------------------|---|
|         | EMIZED DISBURSEMEN  | TS for each                             | category of the<br>Summary Page                | (check on 21b 27                 | ry one)  22   X   23   24   25   28a   28b   28c   29   3   |
|         |   |   |  |                                  | for the purpose of soliciting contributions<br>blicit contributions from such committee   |
|         | NAME OF COMMITTEE (In Full) American Hospital Association P   |   | , p  |                                  |   |
| <b></b> | Full Name (Last, First, Middle Initial) Grassley Committee Inc  |   |  |                                  | Transaction ID: 17296534 Date of Disbursement   |
|         | Mailing Address PO Box 1000   |   |  |                                  | 06 7 24 7 2009  |
|         | City<br>Des Moines  | State<br>IA                             | Zip Code<br>50304                              |                                  | Amount of Each Disbursement this Period   |
|         | Purpose of Disbursement Contribution Candidate Name   |   |  | 011                              | 2000.00   |
|         | Sen. Charles E. Grassley  Office Sought: House  | Disbursement For:                       | 2010   | Category/<br>Type                |   |
|         | X Senate<br>President   | X Primary Other (spe                    | General  |                                  | Contribution  |
|         | State: IA District:  Full Name (Last, First, Middle Initial)  Kathy Dahlkemper For Congress   |   |  |                                  | Transaction ID: 17296662 Date of Disbursement   |
|         | Mailing Address PO Box 1045   |   |  |                                  | $\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $ |
|         | City<br>Erie  | State PA                                | Zip Code<br>16512                              |                                  | Amount of Each Disbursement this Period   |
|         | Purpose of Disbursement   |   |  | 011                              | 1000.00   |
|         | Contribution  |   |  | 011                              |   |
|         | Contribution Candidate Name Rep. Kathleen A. Dahlkemper   |   |  | Category/<br>Type                |   |
|         | Candidate Name Rep. Kathleen A. Dahlkemper  Office Sought: X House Senate President   | Disbursement For:  X Primary Other (spe | 2010<br>General<br>ecify) <b>▼</b>             | Category/                        | Contribution  |
|         | Candidate Name Rep. Kathleen A. Dahlkemper  Office Sought: X House Senate President   | X Primary                               | General  | Category/                        | Transaction ID: 17296794 Date of Disbursement   |
|         | Candidate Name Rep. Kathleen A. Dahlkemper  Office Sought:  X House Senate President  State: PA District: 03  Full Name (Last, First, Middle Initial)   | X Primary Other (spe                    | General  | Category/                        | Transaction ID: 17296794  |
|         | Candidate Name Rep. Kathleen A. Dahlkemper  Office Sought:  X House Senate President  State: PA District: 03  Full Name (Last, First, Middle Initial)  Castor For Congress  | X Primary Other (spe                    | General  | Category/                        | Transaction ID: 17296794 Date of Disbursement  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|         | Candidate Name Rep. Kathleen A. Dahlkemper  Office Sought: X House Senate President  State: PA District: 03  Full Name (Last, First, Middle Initial)  Castor For Congress  Mailing Address 301 W. Platt St  City Tampa  Purpose of Disbursement Contribution                                    | X Primary Other (spe                    | General ecify) ▼  Zip Code                     | Category/<br>Type                | Transaction ID: 17296794 Date of Disbursement  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|         | Candidate Name Rep. Kathleen A. Dahlkemper  Office Sought: X House Senate President State: PA District: 03  Full Name (Last, First, Middle Initial) Castor For Congress  Mailing Address 301 W. Platt St  City Tampa  Purpose of Disbursement Contribution Candidate Name Rep. Katherine Castor | X Primary Other (spe                    | General ecify) ▼  Zip Code 33606               | Category/<br>Type                | Transaction ID: 17296794 Date of Disbursement  M M M  |
|         | Candidate Name Rep. Kathleen A. Dahlkemper  Office Sought: X House Senate President  State: PA District: 03  Full Name (Last, First, Middle Initial)  Castor For Congress  Mailing Address 301 W. Platt State  City Tampa  Purpose of Disbursement Contribution  Candidate Name                 | X Primary Other (spe                    | General ecify) ▼  Zip Code 33606  2010 General | Category/<br>Type  011 Category/ | Transaction ID: 17296794 Date of Disbursement  M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |

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|          |  |  |                  |                                   | Summary Page                         |        | $\dot{\Box}$ | 21b<br>27 | 22<br>28a  | X              | 23<br>28b      | 24             |        | 25<br>29  | П              |
|          |  | d from such Reports<br>coses, other than usi |                  |                                   |                                      |        |              |           |            |                |                |                |        |           | ;              |
|          | NAME OF COMM                           |  |                  | and addre                         | ss of any political                  | COITII |              | ee 10 30  | JIICIT COI | IIIIDUI        | 10113 11       | om suc         | T COIT | Tillitee  |                |
| <u>/</u> | •                                      |  |                  |                                   |                                      |        |              |           | ı          |                |                |                |        |           |                |
|          | Full Name (Last, F<br>Braley For Con   | First, Middle Initial)<br>gress              |                  |                                   |                                      |        |              |           | Dat        | e of D         | isburs         | : 172<br>ement |        |           |                |
| Ī        | Mailing Address                        | PO Box 390                                   |                  |                                   |                                      |        |              |           | 0          | 6 <sup>M</sup> | <sup>/</sup> 2 | 24             | Y 2    | 2 0 0 9   | , `            |
|          | City<br>Waterloo                       |  | St<br>I <i>F</i> | ate<br>\                          | Zip Code<br>50704                    |        |              |           | Am         | ount o         | f Each         | Disbur         |        |           |                |
| (        | Purpose of Disbur<br>Contribution      | rsement                                      |                  |                                   |                                      |        | 011          | _         |            |                |                |                | 10     | 00.00     |                |
|          | Candidate Name<br>Rep. Bruce Bra       |  | 1                |                                   |                                      |        | tego<br>Type | -         |            |                |                |                |        |           |                |
|          | Office Sought:                         | X House Senate President                     |                  | ent For:<br>Primary<br>Other (spe | 2010 General                         |        |              |           | Con        | tribut         | ion            |                |        |           |                |
|          | State: IA                              | District: 01                                 |                  |                                   |                                      |        |              |           |            |                |                |                |        |           |                |
|          | •                                      | First, Middle Initial)<br>natorial Campaigr  | Committee        | Э                                 |                                      |        |              |           | Dat        | e of D         | isburs         | : 172<br>ement |        |           |                |
| Ī        | Mailing Address                        | 120 Maryland A                               | Avenue, NE       |                                   |                                      |        |              |           | O          | 6 <sup>M</sup> | <sup>/</sup> 2 | 26             | YZ     | 0 ŏ 9     | ) <sup>Y</sup> |
|          | City<br>Washington                     |  |                  | ate<br>C                          | Zip Code<br>20002                    |        |              |           | Am         | ount o         | f Each         | Disbur         | semer  | nt this F | Peric          |
|          | Purpose of Disbur<br>2009 Contribution | sement                                       |                  |                                   |                                      |        | 011          | ı         | L          |                |                |                | 50     | 00.00     |                |
| (        | Candidate Name                         |  |                  |                                   |                                      |        | tego<br>Type |           |            |                |                |                |        |           |                |
|          | Office Sought:                         | House<br>Senate<br>President                 |                  | ent For:<br>Primary<br>Other (spe | General ecify) ▼                     |        |              |           | 200        | 9 Cor          | ntribu         | tion           |        |           |                |
|          | State: Full Name (Last F               | District: First, Middle Initial)             |                  |                                   |                                      |        |              |           | _          |                |                | 470            | 07404  |           |                |
|          | BRIDGE PAC                             | not, Middle milaly                           |                  |                                   |                                      |        |              |           | Dat        | e of D         | isburs         | : 172<br>ement |        |           | Y              |
|          | Mailing Address                        | 499 South Cap<br>Suite 114                   | itol St., SW     |                                   |                                      |        |              |           | 0          | 6              | 2              | 26             | 2      | 2 0 0 9   | )              |
|          | City<br>Washington                     |  |                  | ate<br>C                          | Zip Code<br>20003                    |        |              |           | Am         | ount o         | f Each         | Disbur         |        |           |                |
| 2        | Purpose of Disbur<br>2009 Contribution | sement                                       |                  |                                   |                                      |        | 011          |           |            |                |                |                | 25     | 500.00    | 1              |
|          | Candidate Name<br>BRIDGE PAC           |  |                  |                                   |                                      |        | tego<br>Type | -         |            |                |                |                |        |           |                |
|          | Office Sought: State:                  | House Senate President District:             |                  | ent For:<br>Primary<br>Other (spe | General ecify) ▼                     |        |              |           | 200        | 9 Cor          | ntribu         | tion           |        |           |                |
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|          | CHEDULE B (FEC FOIIII 3X)   | Use separate schedule(s                                   | )  | (check onl       | E NUMBER: PAGE 157 / 162  |
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|          | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page         |    | 21b<br>27        | 22 X 23 24 25 28a 28b 28c 29  |
|          | y Information copied from such Reports and S<br>or commercial purposes, other than using the  |   |    |                  |   |
|          | NAME OF COMMITTEE (In Full) American Hospital Association PAC   | ,,  |    |                  |   |
| <u> </u> | Full Name (Last, First, Middle Initial)<br>Mikulski For Senate Committee  |   |    |                  | Transaction ID: 17297252 Date of Disbursement   |
|          | Mailing Address P O B 13147   |   |    |                  | $\begin{array}{c c} & & & \\ & & \\ & & \\ \end{array} \begin{array}{c} & & \\ & \\ \end{array} \begin{array}{c} & \\ & \\ \end{array} \begin{array}{c$ |
|          | City<br>Baltimore   | State Zip Code<br>MD 21203                                |    |                  | Amount of Each Disbursement this Period   |
|          | Purpose of Disbursement<br>Contribution   |   |    | 011              | 2500.00   |
|          | Candidate Name<br>Sen. Barbara A. Mikulski  |   |    | ategory/<br>Type |   |
|          | X Senate President  | bursement For: 2010  X Primary General Other (specify)    |    |                  | Contribution  |
|          | State: MD District: Full Name (Last, First, Middle Initial)   |   |    |                  | Transaction ID: 17297448  |
|          | Blumenauer For Congress  Mailing Address 830 Ne Holladay, #1  | 05  |    |                  | Date of Disbursement  O 6 D D D D D D D D D D D D D D D D D D   |
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|          | Portland Purpose of Disbursement Contribution   | OR 97232  |    | 011              | 4000.00   |
|          | Candidate Name<br>Rep. Earl Blumenauer  |   | Ca | ategory/<br>Type |   |
|          | Office Sought:  X House Senate President  State: OR  Dis  | bursement For: 2010  X Primary General  Other (specify) ▼ | 1  |                  | Contribution  |
|          | Full Name (Last, First, Middle Initial) Childers For Congress   |   |    |                  | Transaction ID: 17297640 Date of Disbursement   |
|          | Mailing Address PO Box 177  |   |    |                  | 06 26 7 2009  |
|          | City<br>Booneville  | State Zip Code<br>MS 38829                                |    |                  | Amount of Each Disbursement this Perio  |
|          | Purpose of Disbursement<br>Contribution   |   | -  | 011              | 2000.00   |
|          | Candidate Name<br>Rep. Travis Wayne Childers  |   |    | tegory/<br>Type  |   |
|          | Office Sought:  X House Senate President State: MS District: 01   | bursement For: 2010  X Primary General  Other (specify)   |    |                  | Contribution  |
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| Transaction ID: 17297821 Date of Disbursement Contribution  Contribution  Full Name (Last, First, Middle Initial) Purpose of Disbursement Contribution  Candidate Name Rep. Patrick Murphy For Congress  Mailing Address P.O. Box 868  City Levittown  Full Name (Last, First, Middle Initial) Patrick Murphy  Office Sought:   Very Congress  Mailing Address P.O. Box 868  City Levittown  Full Name (Last, First, Middle Initial) Patrick Murphy  Office Sought:   Very Congress  Mailing Address P.O. Box 868  City Levittown  Candidate Name Rep. Patrick Murphy  City Contribution  Candidate Name Rep. Patrick Murphy  Contribution  Candidate Name Rep. Patrick Murphy  City Contribution  Contr | CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 158 / 16: (check only one) |
|---|---|---|--|
| NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Patrick Murphy For Congress  Mailing Address P.O. Box 868  City State Zip Code PA 19058 Purpose of Disbursement Contribution Candidate Name PA 19058  Full Name (Last, First, Middle Initial) Patrick Murphy For Congress  Mailing Address P.O. Box 868  City State Zip Code PA 19058  Full Name (Last, First, Middle Initial) Patrick Murphy For Congress  Mailing Address P.O. Box 868  City Sanate President State: PA District: 08  Full Name (Last, First, Middle Initial) Patrick Murphy Office Sought: X House PA 19058  Purpose of Disbursement Contribution Candidate Name PA 19058  Purpose of Disbursement Contribution Candidate Name PA 19058  Purpose of Disbursement Contribution Candidate Name Patrick Murphy Office Sought: X House President State: PA District: 08  Full Name (Last, First, Middle Initial) Noore For Congress  Mailing Address PO Box 16646  City State Zip Code Patrick Murphy Office Sought: X House President State: PA District: 08  Mailing Address PO Box 16646  City State Zip Code Primary X General Other (specify) ▼  Transaction ID: 17298000 Date of Disbursement This Peric Category/ Type  Contribution  Contribution  Candidate Name Patrick Murphy  Office Sought: X House Senate President Other (specify) ▼  Mailing Address PO Box 16646  City State Zip Code Will S3216  Purpose of Disbursement Contribution  Category/ Type  Office Sought: X House Senate President Other (specify) ▼  Contribution  |   | Detailed Summary Page                             | 27 28a 28b 28c 29                                |
| American Hospital Association PAC  Full Name (Last, First, Middle Initial) Patrick Murphy For Congress  Mailing Address P.O. Box 868  City Senate President State Zip Code PA 19058  Full Name (Last, First, Middle Initial) Patrick Murphy Office Sought: X House Senate PA 19058  City State Zip Code PA 19058  Full Name (Last, First, Middle Initial) Patrick Murphy Office Sought: X House PA 19058  City State Zip Code PA 19058  City State PA District: 08  Full Name (Last, First, Middle Initial) Contribution  Candidate Name Patrick Murphy  Office Sought: X House President State: PA District: 08  Full Name (Last, First, Middle Initial) Contribution  Condidate Name Persident State: PA District: 08  Full Name (Last, First, Middle Initial) Moore For Congress  Mailing Address PO Box 16646  City State Zip Code Patrick Murphy  City State Zip Code Primary X General Other (specify) ▼  Transaction ID: 17298000 Date of Disbursement this Peric Category' Type  Contribution  Contribution  Contribution  Contribution  Category' Type  Contribution   |   |   |  |
| Patrick Murphy For Congress  Mailing Address P.O. Box 868  City State Zip Code PA 19058  Purpose of Disbursement Contribution  Candidate Name Rep. Patrick Murphy  Office Sought: X House Senate President State: PA Disbursement For: 2010 Senate PA 19058  City State: PA Disbursement Contribution  City State: PA Disbursement For: 2010 Senate President Other (specify) ▼  Transaction ID: 17298000 Date of Disbursement To Date of Disbursemen | ` '   |   |  |
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| Levittown PA 19058  Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy  Office Sought:   | Mailing Address P.O. Box 868                  |   | 06 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0          |
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| Rep. Patrick Murphy  Office Sought:   |   |   |  |
| Senate President State: PA District: 08  Full Name (Last, First, Middle Initial) Patrick Murphy For Congress  Mailing Address P.O. Box 868  City State Zip Code Levittown PA 19058  Purpose of Disbursement Contribution  Candidate Name Rep. Patrick Murphy  Office Sought: X House President Primary X General Other (specify) ▼  City State Zip Code Levittown PA 19058  Purpose of Disbursement Contribution  |   | <b>_</b>  |  |
| Full Name (Last, First, Middle Initial) Patrick Murphy For Congress  Mailing Address P.O. Box 868  City State Zip Code Levittown PA 19058  Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy  Office Sought: X House Primary X General Primary State: PA District: 08  Full Name (Last, First, Middle Initial) Moore For Congress  Mailing Address PO Box 16646  City State Zip Code Primary X General Disbursement To: 2010 Primary X General District: 08  City Milwaukee State Zip Code WI 53216  Contribution  Candidate Name Rep. Gwen Moore  Office Sought: X House Senate Primary General Other (specify) ▼  Contribution  Contribution  Candidate Name Rep. Gwen Moore  Office Sought: X House Senate Primary General Other (specify) ▼  Contribution   | Senate 2 President                            | C Primary General                                 | Contribution                                     |
| Mailing Address       P.O. Box 868         City       State Levittown       Zip Code PA       Amount of Each Disbursement this Peric Contribution         Purpose of Disbursement Contribution       011       Category/ Type         Candidate Name Rep. Patrick Murphy       Disbursement For: 2010 Primary X General Other (specify) ▼       Contribution         State: PA       District: 08       Disbursement For: 2010 Primary X General Other (specify) ▼       Transaction ID: 17298123 Date of Disbursement         Mailing Address       PO Box 16646       Milwaukee       WI 53216         City       State Zip Code WI 53216       Amount of Each Disbursement this Peric Disbursement Tor: 2010 Contribution         Candidate Name Rep. Gwen Moore       Total Category/ Type       Contribution         Office Sought: X House Senate President       Disbursement For: 2010 Senate President       Contribution  | Full Name (Last, First, Middle Initial)       |   | 11-11-1  |
| Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy  Office Sought: X House President State: PA District: 08  Full Name (Last, First, Middle Initial) Moore For Congress  Mailing Address PO Box 16646  City Milwaukee Purpose of Disbursement Contribution  State Zip Code Milwaukee WI 53216  Purpose of Disbursement Contribution  Amount of Each Disbursement this Peric  Amount of Each Disbursement this Peric  1000.00  Contribution  Category/ Type  Office Sought: X House Purpose of Disbursement Contribution  Candidate Name Rep. Gwen Moore  Office Sought: X House President  Disbursement For: 2010  Category/ Type  Contribution  |   |   |  |
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| Candidate Name Rep. Patrick Murphy  Office Sought: X House Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) Moore For Congress  Mailing Address PO Box 16646  City State Zip Code Milwaukee WI 53216  Purpose of Disbursement Contribution  Candidate Name Rep. Gwen Moore  Office Sought: X House Senate President  Office Sought: X House Senate President  Office Sought: X Primary General Other (specify) ▼  Category/ Type  Contribution  Candidate Name Rep. Gwen Moore  Office Sought: X House Senate President  Office Specify) ▼  Contribution  Candidate Name Rep. General Other (specify) ▼  Contribution  | Purpose of Disbursement                       |   | · ·  |
| Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) Moore For Congress  Mailing Address PO Box 16646  City State Zip Code Milwaukee WI 53216  Purpose of Disbursement Contribution  Candidate Name Rep. Gwen Moore  Office Sought: X House Senate Primary X General Other (specify) ▼  Contribution   |   |   | ategory/   |
| Moore For Congress  Mailing Address PO Box 16646  City State Zip Code Milwaukee WI 53216  Purpose of Disbursement Contribution Candidate Name Rep. Gwen Moore  Office Sought: X House Senate President  Date of Disbursement  0 6   | Senate President                              | sement For: 2010 Primary X General                |  |
| Mailing Address PO Box 16646  City State Zip Code Milwaukee WI 53216  Purpose of Disbursement Contribution  Candidate Name Rep. Gwen Moore  Office Sought: X House Senate President  Disbursement For: 2010 Contribution  X Primary General Other (specify) ▼  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution   |   |   |  |
| Milwaukee WI 53216  Purpose of Disbursement Contribution  Candidate Name Rep. Gwen Moore  Office Sought:  | Mailing Address PO Box 16646                  |   | 06 06 7 26 7 2009                                |
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| State: WI District: 04  | Senate  | C Primary General                                 | Contribution                                     |
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| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                           | , [                      |  | INE NUMBER: PAGE 159 / 162                    |  |   |   |                     |      |          | 2        |                |     |
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| ITEMIZED DISBURSEMENTS  | for each category of the                           |                          | (check                                 | ŕ   | one)<br>T 22                                   | 23  | · 🗆 :                                   | 24 🔲                | 25 [ |          | 7 26     |                |     |
|   | Detailed Summary Page                              |                          | 27                                     | H   | 28a  | H   | 28b                                     | $oldsymbol{\sqcup}$ | 28c  | $\vdash$ | 29       |                | 30b |
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| NAME OF COMMITTEE (In Full)   | dia dairess of any politica                        |                          | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | 3011  | 011 001111                                     | ibat  | 10110 111                               | 0111 00             |      |          | TITLLOC  |                |     |
| American Hospital Association PAC   |  |                          |  |   |  |   |   |                     |      |          |          |                |     |
| Full Name (Last, First, Middle Initial) 21st Century PAC  |  |                          |  | Transaction ID: 17307967 Date of Disbursement |  |   |   |                     |      |          |          |                |     |
| Mailing Address 1155 21st Street NW   |  |                          |  |   |  | 0 6 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |                     |      |          |          |                |     |
| City  | State Zip Code                                     |                          |  | Amount of Each Dishive amont this Davied      |  |   |   |                     |      |          |          |                | od  |
|   | DC 20036   |                          |  |   | Amount of Each Disbursement this Period        |   |   |                     |      |          |          | ou             |     |
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| Candidate Name<br>21st Century PAC  |  |                          | ategory/<br>Type                       |   |  |   |   |                     |      |          |          |                |     |
| Office Sought: House Disburse Senate President State: District:   | ment For: Primary General Other (specify)          | Į                        |  |   | 2009   | Cor   | ntribut                                 | tion                |      |          |          |                |     |
| Full Name (Last, First, Middle Initial)   |  |                          |  | +   | Tuona  |   | an ID                                   | . 17                | 200  | 0000     | <u> </u> |                |     |
| Yarmuth For Congress  |  |                          |  |   | Transaction ID: 17308028  Date of Disbursement |   |   |                     |      |          |          |                |     |
| Mailing Address 1819 Brownsboro Road Suite 100  |  |                          |  |   |  | 06 30 2009                                    |   |                     |      |          |          |                |     |
| •   | State Zip Code<br>KY 40202                         |                          |  |   | Amou   | ınt o   | f Each                                  | Disb                | urse | -        |          |                | od  |
| Purpose of Disbursement<br>Contribution   |  | 011<br>Category/<br>Type |  |   |  |   |   |                     |      |          | 00.0     | 0              |     |
| Candidate Name<br>Rep. John A. Yarmuth  |  |                          |  |   |  |   |   |                     |      |          |          |                |     |
| Senate X President  | ment For: 2010 Primary General Other (specify)     |                          |  |   | Contr  | ibut  | ion                                     |                     |      |          |          |                |     |
| State: KY District: 03  |  |                          |  | +   |  |   |   |                     |      |          |          |                |     |
| Full Name (Last, First, Middle Initial) Yarmuth For Congress  |  |                          |  |   | Date   | of D  | on ID:                                  | emen                |      | 3239     | )        |                |     |
| Mailing Address 1819 Brownsboro Road Suite 100  |  |                          |  |   | 06   |   |   |                     |      | Ž        | o ŏ      | 9 <sup>Y</sup> |     |
|   | State Zip Code isville KY 40202                    |                          |  |   |  |   | Amount of Each Disbursement this Period |                     |      |          |          |                |     |
| Purpose of Disbursement<br>Contribution   |  |                          |  |   |  | _   |   |                     |      | 5        | 00.0     | 0              |     |
| Candidate Name<br>Rep. John A. Yarmuth  |  | Ca                       | ategory/<br>Type                       | '   |  |   |   |                     |      |          |          |                |     |
| Senate President  | ment For: 2010 Primary X General Other (specify) ▼ |                          |  |   | Contr  | ibut  | ion                                     |                     |      |          |          |                |     |
| State: KY District: 03  |  |                          |  |   |  |   |   |                     |      |          |          |                |     |
| SUBTOTAL of Disbursements This Page (optional) .  |  |                          | <u>I</u>                               | <u>•</u>                                      |  |   |   |                     |      | 65       | 00.0     | Ò              |     |

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|---|---|--------------------------|---------------------|-------------------------------|-----------------|
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee    NAME OF COMMITTEE (In Full)  | ITEMIZED DISBURSEMENTS                  |                          | 21b 27              | 22 X 23 24 28a 28b 28c        | 29              |
| NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Boyd For Congress  Mailing Address P.O. Box 15703  City Tallahassee FL 32317  Purpose of Disbursement Contribution Candidate Name Rep. Allen Boyd  Office Sought: X House President Void of 309 check  City Media PA 19063  Purpose of Disbursement Void of 309 check  City Media PA 19063  Purpose of Disbursement Void of 309 check  City Sestak For Congress  Mailing Address P.O. Box 16  City Media PA 19063  Purpose of Disbursement Void of 309 check  Condidate Name Rep. Joe Sestak  Office Sought: X House Senate President Sonate President Void of 309 check  Condidate Name Rep. Joe Sestak  Office Sought: X House Senate President Sonate President Sonate President Sonate President Void of 309 check  City Sonate President  |   |                          |                     |                               |                 |
| Boyd For Congress  Mailing Address P.O. Box 15703  City State Zip Code FL 32317  Purpose of Disbursement Contribution  Candidate Name Rep. Allen Boyd  Office Sought: House Senate Precident State: FL District: 02  Full Name (Last, First, Middle Initial)  Sestak For Congress  Mailing Address P.O. Box 16  City State Zip Code PA 19063  Part Office Sought: City State Zip Code PA 19063  City State Zip Code PA 19063  Purpose of Disbursement Por: 2010  Contribution  Transaction ID: 17353620  Date of Disbursement this F 19063  Part Office Sought: Amount of Each Disbursement this F 19063  City State Zip Code PA 19063  Purpose of Disbursement Void of 3/09 check  Candidate Name Rep. Joe Sestak  Office Sought: House Senate Precident Senate Precident Other (specify) ▼  State: PA District: 07  Full Name (Last, First, Middle Initial)  Wicker For Senate  Mailing Address PO Box 64  City Senate Precident Senate Other (specify) ▼  State Zip Code MS 39205  Amount of Each Disbursement Tor: 2010  Amount of Each Disbursement Tor: 2010  Transaction ID: 17356425  Date of Disbursement Tor: 2010  Amount of Each Disbursement Tor: 2010  Candidate Name Sen. Roger Wicker  Office Sought: Y 2 0 0 9  Senate President Senate Disbursement For: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012  Zip Code MS 39205  Amount of Each Disbursement Tor: 2012   | NAME OF COMMITTEE (In Full)             | , , ,                    |                     |                               |                 |
| City Tallahassee FL 32317  Purpose of Disbursement Contribution Candidate Name Rep. Allen Boyd Office Sought: X House Senate President State: FL District: 02  Full Name (Last, First, Middle Initial) Sestak For Congress  Maling Address P.O. Box 16  City Senate President Senate PA Disbursement For: 2010 Candidate Name Rep. Joe Sestak Office Sought: X House PA 19063  Purpose of Disbursement Void of 3/09 check Office Sought: X House Parailer President Pre | ,                                       |                          |                     | Date of Disbursement          | 0               |
| Tailahassee FL 32317  Purpose of Disbursement Contribution Candidate Name Rep. Allen Boyd  Office Sought:   | Mailing Address P.O. Box 15703          |                          |                     | 06 M / 26 / Y 2               | 2009            |
| Contribution Candidate Name Rep. Allen Boyd Office Sought:  |   |                          |                     | Amount of Each Disbursemen    | nt this Period  |
| Rep. Allen Boyd  Office Sought:   | Contribution                            |                          | 011                 | 35                            | 500.00          |
| Senate President State: FL District: 02  Full Name (Last, First, Middle Initial) Sestak For Congress  Mailing Address P.O. Box 16  City Media PA 19063  Purpose of Disbursement Void of 3/09 check Candidate Name Rep. Joe Sestak  Office Sought: X House Senate President State: PA District: 07  Full Name (Last, First, Middle Initial) Wicker For Senate  Mailing Address PO Box 64  City State Zip Code PA 19063  Amount of Each Disbursement this For: 2010 Category/ Type  Void of 3/09 check  Candidate Name Rep. Joe Sestak  Office Sought: X House Senate President State: PA District: 07  Full Name (Last, First, Middle Initial) Wicker For Senate  Mailing Address PO Box 64  City Jackson MS 39205  Purpose of Disbursement 2012 Contribution  Candidate Name Sen. Roger Wicker  Office Sought: House President State: Model President Sen. Roger Wicker  Office Sought: House President State: MS District: Disbursement For: 2012 X Primary General President State: MS District:   SubtotAL of Disbursements This Page (optional)   | Rep. Allen Boyd                         |                          |                     |                               |                 |
| Full Name (Last, First, Middle Initial) Sestak For Congress  Mailing Address P.O. Box 16  City Media PA 19063  Purpose of Disbursement Void of 3/09 check Candidate Name Rep. Joe Sestak  Office Sought: State: PA District: 07  Full Name (Last, First, Middle Initial) Wicker For Senate Mailing Address PO Box 64  City State Zip Code President State: PA District: 07  Full Name (Last, First, Middle Initial) Wicker For Senate  Purpose of Disbursement Mailing Address PO Box 64  City Jackson Purpose of Disbursement 2010  MS 39205  Purpose of Disbursement 2011 Category/ Type  Void of 3/09 check  Transaction ID: 17353620  Amount of Each Disbursement this F  Category/ Type  Void of 3/09 check  Transaction ID: 17356425  Date of Disbursement  Mailing Address PO Box 64  City Jackson Purpose of Disbursement 2012 Contribution Candidate Name Sen. Roger Wicker  Office Sought: House X Primary General Disbursement For: 2012 X Primary General City Type  Office Sought: President Category/ Type  Amount of Each Disbursement this F  2012 Contribution  2012 Contribution  2012 Contribution  State: MS District:  Subtrotal of Disbursements This Page (optional)  ■ 3500.00  | Senate President                        | X Primary General        |                     | Contribution                  |                 |
| City State Zip Code PA 19063  Purpose of Disbursement Void of 3/09 check Candidate Name Rep. Joe Sestak  Office Sought: X House President State: PA District: 07  Full Name (Last, First, Middle Initial) Wicker For Senate Mailing Address PO Box 64  City State Zip Code Amount of Each Disbursement His For: 2010  Wicker For Senate Mailing Address PO Box 64  City Jackson MS 39205  Purpose of Disbursement State: PA District: 07  Full Name (Last, First, Middle Initial) Wicker For Senate Mailing Address PO Box 64  City Jackson MS 39205  Purpose of Disbursement State: PA District: 07  State Zip Code MS 39205  Amount of Each Disbursement His Form 2012  Amount of Each Disbursement This Page (optional) ■ 2012 Contribution  Candidate Name Sen. Roger Wicker  Office Sought: House President State: MS District: 07  Subtrotal of Disbursements This Page (optional) ■ 3500.00  | Full Name (Last, First, Middle Initial) |                          |                     |                               | 0               |
| Media PA 19063  Purpose of Disbursement Void of 3/09 check Candidate Name Rep. Joe Sestak  Office Sought:   |   |                          |                     |                               | Ý 0 0 9 Y       |
| Purpose of Disbursement Void of 3/09 check Candidate Name Rep. Joe Sestak  Office Sought:   |   |                          |                     | Amount of Each Disbursemen    | nt this Period  |
| Rep. Joe Sestak  Office Sought:   | Purpose of Disbursement                 |                          | 011                 | -10                           | 00.00           |
| Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) Wicker For Senate  Mailing Address PO Box 64  City State Zip Code Jackson MS 39205  Purpose of Disbursement 2012 Contribution  Candidate Name Sen. Roger Wicker  Office Sought: House President State: MS District:  Subtrotal of Disbursements This Page (optional)    Transaction ID: 17356425  Date of Disbursement  0 6 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   | Candidate Name<br>Rep. Joe Sestak       |                          |                     |                               |                 |
| Wicker For Senate  Mailing Address PO Box 64  City State Zip Code Jackson MS 39205  Purpose of Disbursement 2012 Contribution Candidate Name Sen. Roger Wicker  Office Sought: House President President State: MS District:  SUBTOTAL of Disbursements This Page (optional)  Date of Disbursement 1730425  Amount of Each Disbursement this Page (optional)  2012 Contribution  2012 Contribution  3500.00   | Senate President                        | X Primary General        |                     | Void of 3/09 check            |                 |
| City State Zip Code MS 39205  Purpose of Disbursement 2012 Contribution  Candidate Name Sen. Roger Wicker  Office Sought: House President President State: MS District:  SUBTOTAL of Disbursements This Page (optional)  State Zip Code MS 39205  Amount of Each Disbursement this F 1000.00  Category/ Type  2012 Contribution  2012 Contribution  | ,                                       |                          |                     | Date of Disbursement          | 5               |
| Jackson MS 39205  Purpose of Disbursement 2012 Contribution  Candidate Name Sen. Roger Wicker  Office Sought: House X Senate President President State: MS District:  SUBTOTAL of Disbursements This Page (optional)  MS 39205  1000.00  2011 Category/ Type  2012  X Primary General Other (specify) ▼  3500.00  | Mailing Address PO Box 64               |                          |                     | 0 <sup>M</sup> 6 M / 17 / Y 2 | Ž 0 0 9 °       |
| 2012 Contribution  Candidate Name Sen. Roger Wicker  Office Sought: House X Senate President President State: MS District:  SUBTOTAL of Disbursements This Page (optional)  |   |                          |                     |                               |                 |
| Sen. Roger Wicker  Office Sought: House X Senate President State: MS District:  SUBTOTAL of Disbursements This Page (optional) Disbursement For: 2012 X Primary General Other (specify) ▼  3500.00  | 2012 Contribution                       |                          |                     | 10                            | 00.00           |
| X Senate  |   |                          |                     |                               |                 |
| SUBTOTAL of Disbursements This Page (optional)  | X Senate President                      | X Primary General        |                     | 2012 Contribution             |                 |
| GODICIAL O DISSUISCITICITO THIS Tage (optional)   |   | o.D.                     |                     | 35                            | 500 <u>-</u> 00 |
| TOTAL This Period (last page this line number only)   | 2 7 2                                   |                          |                     |                               |                 |

A.

В.

C.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                       |     | FOR LIN         | NE NUMBER: PAGE 161 / 1 only one) |                          |           |         |                 |  |  |
|---|--|-----|-----------------|-----------------------------------|--------------------------|-----------|---------|-----------------|--|--|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page | 1 - | X 21b<br>27     | 22<br>28a                         | 23<br>28b                | 24<br>28c | 25      |                 |  |  |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |  |     |                 |                                   |                          |           |         |                 |  |  |
| NAME OF COMMITTEE (In Full)   |  |     |                 |                                   |                          |           |         |                 |  |  |
| American Hospital Association PAC   |  |     |                 |                                   |                          |           |         |                 |  |  |
| Full Name (Last, First, Middle Initial)   |  |     |                 | Trans                             | saction ID               | 17346     | 748     |                 |  |  |
| American Express  |  |     |                 | Date                              | of Disburs               | ement     |         |                 |  |  |
| Mailing Address Ste. 001  |  |     |                 | 0 <sup>M</sup> 6                  | M / D                    | 2 /       | ž 0 (   | Ď9 <sup>°</sup> |  |  |
| City<br>Chicago   | State Zip Code<br>IL 60679                     |     |                 | Amou                              | unt of Each              | Disburse  | ment th | is Period       |  |  |
| Purpose of Disbursement   |  |     |                 | 1 L.                              |                          |           | 4.      | .95             |  |  |
| Merchant Fees   |  |     | 001             |                                   |                          |           |         |                 |  |  |
| Candidate Name  |  |     | tegory/<br>Type |                                   |                          |           |         |                 |  |  |
| Senate President  | ement For: Primary General Other (specify)     |     |                 | Merc                              | hant Fees                | 3         |         |                 |  |  |
| State: District:  |  |     |                 |                                   |                          |           |         |                 |  |  |
| Full Name (Last, First, Middle Initial)<br>American Express   |  |     |                 |                                   | saction ID<br>of Disburs |           | 749     |                 |  |  |
| Mailing Address Ste. 001  |  |     |                 | 0 <sup>M</sup> 6                  | M / D                    | 5 /       | žo      | Ď9 <sup>°</sup> |  |  |
| City<br>Chicago   | State Zip Code<br>IL 60679                     |     |                 | Amou                              | unt of Each              | Disburse  | ment th | is Period       |  |  |
| Purpose of Disbursement Merchant Fees   |  |     | 001             | T L.                              |                          |           | 11.     | .38             |  |  |
| Candidate Name  |  | Cat | tegory/<br>ype  |                                   |                          |           |         |                 |  |  |
| Office Sought: House Senate President State: District:  | ement For: Primary General Other (specify)     |     |                 | Merc                              | hant Fees                | 5         |         |                 |  |  |
|   |  |     |                 |                                   |                          |           |         |                 |  |  |
| Full Name (Last, First, Middle Initial) Merchant Bankcard   |  |     |                 | Date                              | saction ID<br>of Disburs |           |         |                 |  |  |
| Mailing Address 1601 Elm Street   |  |     |                 | 0 <sup>M</sup> 6                  | M / D                    | 3 /       | ž 0 (   | Ď 9 Ť           |  |  |
| City<br>Dallas  | State Zip Code<br>TX 75201                     |     |                 | Amou                              | unt of Each              | Disburse  | ment th | is Period       |  |  |
| Purpose of Disbursement<br>Merchant Fees  |  | 001 |                 |                                   | 80.44                    |           |         |                 |  |  |
| Candidate Name  |  |     | tegory/<br>ype  |                                   |                          |           |         |                 |  |  |
| Office Sought: House Disburse Senate President  | ement For: Primary General Other (specify)     |     |                 | Merc                              | hant Fees                | 3         |         |                 |  |  |
| State: District:  | - · ·  |     |                 |                                   |                          |           |         |                 |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |  |     | 🕨               |                                   | •                        |           | 96.     | 77              |  |  |

TOTAL This Period (last page this line number only) .....

В.

President

District:

| 19e# 29994300901   |  |                           |  |           |  |  |  |  |
|--|--|---------------------------|--|-----------|--|--|--|--|
| SCHEDULE B (FEC Form 3X)   | FOR LINE (check onl                            | NE NUMBER: PAGE 162 / 162 |  |           |  |  |  |  |
| TEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page | X 21b 27                  | 22 23 24 25 2<br>28a 28b 28c 29  | 26<br>30b |  |  |  |  |
| Any Information copied from such Reports and State<br>or for commercial purposes, other than using the nan |  |                           |  |           |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |  |                           |  |           |  |  |  |  |
| American Hospital Association PAC  |  |                           |  |           |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |  |                           | Transaction ID: 17346752   |           |  |  |  |  |
| Merchant Bankcard  |  |                           | Date of Disbursement   | 7         |  |  |  |  |
| Mailing Address 1601 Elm Street  |  |                           | $\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 1 & 1 & 2 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 & 0 \end{bmatrix}$ |           |  |  |  |  |
| City<br>Dallas   | State Zip Code                                 |                           | Amount of Each Disbursement this Pe  | riod      |  |  |  |  |
| Purpose of Disbursement  | TX 75201                                       |                           | 101.93   |           |  |  |  |  |
| Merchant Fees  |  | 001                       |  |           |  |  |  |  |
| Candidate Name   |  | Category/<br>Type         |  |           |  |  |  |  |
| Office Sought: House Disburs Senate President State: District:   | ement For: Primary General Other (specify)     |                           | Merchant Fees  |           |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |  |                           | Transaction ID: 17040750   |           |  |  |  |  |
| Citibank, F.S.B.   |  |                           | Transaction ID: 17346753 Date of Disbursement  |           |  |  |  |  |
| Mailing Address 1400 G Street, NW  |  |                           | 06 18 7 2009   |           |  |  |  |  |
| City<br>Washington   | State Zip Code DC 20005                        |                           | Amount of Each Disbursement this Pe  | eriod     |  |  |  |  |
| Purpose of Disbursement<br>Bank Fee  |  | 001                       | 30.75  |           |  |  |  |  |
| Candidate Name   |  | Category/<br>Type         |  |           |  |  |  |  |
| Office Sought: House Disburs Senate  | ement For: Primary General                     |                           | Bank Fee   |           |  |  |  |  |

| SUBTOTAL of Disbursements This Page (optional)      | • | 132.68 |
|---|---|--------|
| TOTAL This Period (last page this line number only) | • | 229.45 |

Other (specify)

State: